

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003971

FILED VS. JAN 29 1960

Primary Registration District No. _____

Registrar's No. _____

281

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b		c. CITY OR TOWN Victoria	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Festus, Mo. Route 3.	
3. NAME OF DECEASED (Type or print) First Middle Last James M. Riebold				4. DATE OF DEATH Month Day Year January 7, 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/11/1891	
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Building			11. BIRTHPLACE (City and state or country) Pevely, Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Frank Riebold				
13b. MOTHER'S MAIDEN NAME Mary King				14. NAME OF HUSBAND OR WIFE Goldie Riebold			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			16. SOCIAL SECURITY NO. W.W. 1 186-14-9352		17. INFORMANT Address Mary Bonner, Victoria, Missouri.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Comminuted fracture of skull right temporal and occipital. Subdural hemorrhage CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered in auto accident on Hwy #67 near Festus Mo. on 10/23/59 and examiner of same should be determined PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Auto accident on Hwy #67 near Festus Mo. on 10/23/59			
20c. TIME OF INJURY Hour Month, Day, Year ? 10 23 59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 45 Hwy #67		20f. CITY, TOWN, OR LOCATION COUNTY STATE near Festus Mo.	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ 11:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or Title) Joel D. Zuercher				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/11/1960		23c. NAME OF CEMETERY OR CREMATORY Hillsboro, Cemetery		23d. LOCATION (City, town, or county) (State) Hillsboro, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Dietrich Funeral Home, DeSoto, Mo.				25. DATE RECD. BY LOCAL REG. JAN 9 1960		26. REGISTRAR'S SIGNATURE Joan Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3749

P. O. Address St. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.