

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-020320**

FILED VS. JUN 7 1960 273 Primary Registration District No. 3051 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perryville</b>		c. CITY OR TOWN <b>Perryville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry County Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R.1.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>August Fredrick Reiss</b>			4. DATE OF DEATH Month Day Year <b>May 20, 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 18, 1878</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Perry County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Martin Reiss</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel Unterreiner</b>	
14. NAME OF HUSBAND OR WIFE <b>Elbertine Reiss</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-40-7235</b>	
17. INFORMANT <b>Elvis Reiss, Perryville, Mo.</b>		17. ADDRESS		17. ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Duo deval Obstruction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of head of Pancreas</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)		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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Dec. 27, 1959** to **May 20, 1960** and last saw him alive on **May 20, 1960**  
 Death occurred at **4:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>William P. Cliferman M.D.</b>	22b. ADDRESS <b>Perryville, Mo</b>	22c. DATE SIGNED <b>5/29/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 23, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cem.</b>
23d. LOCATION (City, town, or county) <b>Perryville, Mo.</b>		23e. DATE RECD. BY LOCAL REG. <b>5/28/60</b>

24. FUNERAL DIRECTOR ADDRESS  
**Albert Bey, Perryville, Mo.**

26. REGISTRAR'S SIGNATURE  
**Joel Zollner**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

