

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041335

FILED VS OCT 3 1 1960

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 266 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Creighton</u>		Length of stay in 1b	c. CITY OR TOWN <u>Creighton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Creighton</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Elias</u> Last <u>Reitz</u>			4. DATE OF DEATH Month <u>10</u> Day <u>25</u> Year <u>1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. (DATE OF BIRTH) <u>Apr. 8, 1904</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Creighton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry N. Reitz</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy J. Cain</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Roy Reitz, 3620 Merimington K.C. Mo.</u> Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>10 wks.</u> <u>7 mo.</u> <u>2 yrs.</u>
IMMEDIATE CAUSE (a) <u>Carcinomatous</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>metastatic adenocarcinoma</u>	
DUE TO (c) <u>1° Ca. pancreas</u>		
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 checked="" 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. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Creighton</u> COUNTY _____ STATE _____
21. I attended the deceased from <u>August 1959</u> to <u>death</u> and last saw him live on <u>10-14-60</u> Death occurred at <u>2:25 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) <u>Carroll K. Reitz, Jr. D.D. Creighton, Mo.</u>		22b. ADDRESS <u>Creighton, Mo.</u>	22c. DATE SIGNED <u>10-26-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>1027-1960</u>	23b. DATE <u>1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parker Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Creighton Cass MO</u>
24. FUNERAL DIRECTOR <u>Brown & Graham - Union Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 26, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Hildred Biggers</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS Form 2 1960 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed RR Kenney

Licensed Embalmer No. 3099
P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.