

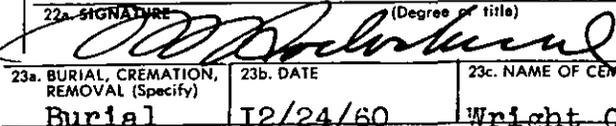
# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048550

VS DEC 3 0 1960

Registration District No. 362 Primary Registration District No. 6237 Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Warren</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Warren</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hickory-Grove TWP</b>		Length of stay in 1b <b>50 yrs</b>	c. CITY OR TOWN <b>Wright City</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3mi. S. of Wright City</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3mi S. of Wright City</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Chorlette Wilhemina Reich</b>			4. DATE OF DEATH Month Day Year <b>12/22/60</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/17/75</b>	9. AGE (last birthday) <b>85</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>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Melle, Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
13a. FATHER'S NAME <b>Franz Pottebaum</b>		13b. MOTHER'S MAIDEN NAME <b>Yetta Hellwig</b>		14. NAME OF HUSBAND OR WIFE <b>Valentine Reich</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>None</b>	17. INFORMANT Address <b>Lillie Reich, Wright City MO</b>		
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>Carcinoma of Bowel</b>					INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis with arteriosclerotic unknown heart disease</b> DUE TO (c) <b>Hypostatic Pneumonia with congestive heart failure 6 days</b>					
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 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 <b>June 1954</b> to <b>Dec. 22, 1960</b> and last saw her <sup>her</sup> alive on <b>Dec. 21, 1960</b> Death occurred at <b>7:30 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) 			22b. ADDRESS <b>Warrenton, Missouri</b>		22c. DATE SIGNED <b>12-24-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/24/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Wright City MO</b>		
24. FUNERAL DIRECTOR <b>Wieburg Furn &amp; Und CO</b>		ADDRESS <b>Wright City</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 24, 1960</b>	26. REGISTRAR'S SIGNATURE 	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

of By \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Julius J. Niebu*

Licensed Embalmer No. 336

P. O. Address Wright

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