

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022285  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 65 Primary Registration District No. \_\_\_\_\_ Registrar's No. 19

**FILED JUL 9 1962**

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRUNSWICK</u>		Length of stay in lb <u>LIFE</u>	c. CITY OR TOWN <u>BRUNSWICK</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi NORTH</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 mi NORTH</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MATTHEW HERBERT REICHERT</u>			4. DATE OF DEATH Month Day Year <u>7-2-1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-22-1904</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>BRUNSWICK MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MATTHEW REICHERT</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCIS MOSER</u>		14. NAME OF HUSBAND OR WIFE <u>F O A. REICHERT</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none.</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Mrs Ida Reichert Brunswick</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Stop</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary heart disease 10 yrs</u>		
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
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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.)
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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
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21. I attended the deceased from never to \_\_\_\_\_ and last saw him <sup>from time</sup> on dead on arrival.  
Death occurred at 8:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <u>Grover C. Rice</u>	22b. ADDRESS <u>M. W. Brunswick Mo.</u>	22c. DATE SIGNED (State) <u>3 July 62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	23b. DATE <u>7-5-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST DONIFACE CEMET BRUNSWICK MO</u>	23d. LOCATION (City, town, or county)
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24. FUNERAL DIRECTOR <u>L. E. M. CURRY</u>	ADDRESS <u>BRUNSWICK MO</u>	25. DATE RECD. BY LOCAL REG. <u>July 6-1962</u>	26. REGISTRAR'S SIGNATURE <u>Love Smith</u>
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VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

P.S. The deceased was a patient of mine. I arrived at his home life was extinct. He has been treated at Woodland Hospital - Clinic for past 10 years for heart disease (Bronary).

Yours resp  
Grove Rice  
Attendant.

JUL 10 1962

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

L. E. McCurry

Licensed Embalmer No.

~~3588~~ 4806

P. O. Address

Brunswick Mo

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.