

No. 300
10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11897

State File No.

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>115</u>
1. PLACE OF DEATH a. COUNTY <u>COLE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 Adams</u>		d. STREET ADDRESS <u>214 Adams</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>OLIVE</u> c. (Last) <u>REICHEL</u>			4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>6</u> (Year) <u>1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb 5-1887</u>	
9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>1</u>		11. UNDER 1 WEEK Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tourist Home Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cole Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Dr J C Reichel</u>			
13b. MOTHER'S MAIDEN NAME <u>Elizabeth James</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Max Lloyd Lising</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) <u>1. Marked Obesity</u> <u>2. Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma, rt. breast, with metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>1 year</u> <u>20 years</u> <u>4 1/2</u> <u>1 year</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>November</u> , 19 <u>48</u> , to <u>May 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>49</u> , and that death occurred at <u>5:25 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Donald Shull M.D.</u>		(Degree or title)		23b. ADDRESS <u>229 1/2 E. High Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>May 6, '49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>5/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cem.</u>			
24d. (City, town, or county) (State) <u>High Point Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William J. ...</u>			
25. ADDRESS <u>California</u>		DATE REC'D BY LOCAL REG. <u>May 6-1949</u>			
REGISTRAR'S SIGNATURE <u>R. D. Harris M.D.</u>				

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1949

Date Filed
District File Number
MAY 10 1949

RECEIVED
District Health Officer No. 9,

MAY 12 1949

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.

Signed _____

H. E. Friedman

Signed _____
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California, 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 this body is not embalmed, fact should be so stated above.