

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41790

State File No. _____

FILED JAN 14 1950

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gen Del. California, Mo 40 Yrs</u> c. LENGTH OF STAY (in this place) <u>40 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen Del, California, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u> d. STREET ADDRESS (If rural, give location) <u>Gen Del, California, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>C</u> c. (Last) <u>Reichel</u>		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>29</u> (Year) <u>1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 28, 1867</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John D. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Heneretta Pace</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ursula D. Miller K.C. Kansas</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>California Moniteau Mo</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		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>May 2, 1940</u> to <u>Dec 30, 1949</u> , that I last saw the deceased alive on <u>Dec 29, 1949</u> , and that death occurred at <u>8/55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Bunker S.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>12/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/31/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-30-49</u>		REGISTRAR'S SIGNATURE <u>H. B. Bunker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Bunker</u>		ADDRESS <u>California</u>	

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

RECEIVED JAN 10 1950
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed Earl R. Bouchier

Licensed Embalmer No. 2126

P. O. Address California

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.