

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29543

State File No. _____

FILED AUG 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>256</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u>)		c. LENGTH OF STAY (in this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>0804</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 1/2 East 5th</u>				d. STREET ADDRESS (If rural, give location) <u>214 1/2 East 5th</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>PHILIP</u> c. (Last) <u>REICHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1953</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 1, 1870</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Philip Henry Reichart</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Justina Lietzke</u>		14. NAME OF HUSBAND OR WIFE <u>Louisiana Karr Reichart</u>				
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>Mrs. Agnes Buchholz</u> ADDRESS <u>Route 3 Sedalia, Mo.</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>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno-Carcinoma of the Prostate with regional extension and remote metastases.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>1 yr.</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>2-14-52</u> , 19 <u> </u> , to <u>8-13-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>8-12-53</u> , 19 <u> </u> , and that death occurred at <u>2:15</u> <u>AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. M. Rodeman, M.D.</u>			23b. ADDRESS <u>Sedalia, Mo.</u>			23c. DATE SIGNED <u>8-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Moniteau County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8/15/53</u>		REGISTRAR'S SIGNATURE <u>G. C. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Sullivan</u>		ADDRESS <u>Sedalia, Mo.</u>			

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

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 *Russell Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.