

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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STATE FILE NUMBER

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FILED JUN 23 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 610A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>		Length of stay in 1b <u>2 WEEKS</u>	d. STREET ADDRESS (If outside, give location) <u>5 MI. W. MT. VERNON</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD RAHMOELLER</u>		4. DATE OF DEATH Month Day Year <u>JAN. 10 - 1945</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>JAN. 12 - 1898</u>
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months Days <u>11 29</u>	IF UNDER 24 HRS. Hours Min. <u></u>
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>NEAR MT. VERNON, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FREDRICH RAHMOELLER</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE RAHMOELLER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>FLORENCE RAHMOELLER</u>		Address <u>MT. VERNON, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Right ventricular Failure</u> DUE TO (c) <u>Bronchodectasis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>few day</u>
PART II. "OTHER SIGNIFICANT" CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>12-18-44</u> to <u>1-10-45</u> and last saw her alive on <u>1-9-45</u> Death occurred at <u>1:15 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. E. [Signature]</u> (Degree or title)		22b. ADDRESS <u>Professor and [Signature]</u>	22c. DATE SIGNED <u>6-13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 13 - 1945</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ZION EVANGELICAL</u>	23d. LOCATION (City, town, or county) (State) <u>LAWRENCE Co. Mo.</u>
24. FUNERAL DIRECTOR <u>H. A. [Signature]</u>		ADDRESS <u>MT. VERNON, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>6-16-58</u>
		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

JUN 25 1958

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed H. H. Lovett.....

Licensed Embalmer No. 2201.....

P. O. Address Mt Vernon, W. Va......

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.