

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
DELAYED (Delayed)

42938

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 53

PRIMARY REG. DIST. NO. 3010

Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Egypt Mills</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Raetlger</u> c. (Last) <u>Raetlger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 - 1948</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>Dec 3, 1878</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR <u>19</u> Months	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> 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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Egypt Mills Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>August Raetlger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mowers</u>	14. NAME OF HUSBAND OR WIFE <u>Roseanna Raetlger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roseanna Raetlger</u> ADDRESS <u>Egypt Mills 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1/4/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>942</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 2 1948</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Jan 30, 1949</u> to <u>Jan 2, 1949</u> that I last saw the deceased alive on <u>Jan 1, 1948</u> and that death occurred at <u>6:00</u> m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree & Title) <u>Leatrough M.D.</u>		23b. ADDRESS <u>709 Broadway</u>	23c. DATE SIGNED <u>3/23/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 4 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Egypt Mills</u>	24d. LOCATION (City, town, or county) (State) <u>Egypt Mills Mo</u>
DATE REC'D BY LOCAL REG. <u>4-2-1949</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gal H. Howell</u>	ADDRESS <u>Cape Girardeau Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—4

RECEIVED

District Health Officer No. 4  
District File Number 449-436  
Date Filed 4-4-49

APR 5 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.

Student .....  
Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Page Gin Neo

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.

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 42938

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 88

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cape Girardeau</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) _____	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Raettger</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 2 - 1948</u>		
<b>5. SEX</b> _____	<b>6. COLOR OR RACE</b> _____	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) _____	<b>8. DATE OF BIRTH</b> _____	<b>9. AGE</b> (In years last birthday) _____	<b>10. CITIZEN OF WHAT COUNTRY?</b> _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) _____		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (State or foreign country) _____	

<b>13a. FATHER'S NAME</b> _____	<b>13b. MOTHER'S MAIDEN NAME</b> _____	<b>14. NAME OF HUSBAND OR WIFE</b> _____
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> _____	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b>		
	<b>ANTECEDENT CAUSES</b>		
	DUE TO (a) _____		
	DUE TO (b) _____		
	DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from 11-30-1947 to 1-2-, 1948 that I last saw the deceased alive on 1-1-, 1948, and that death occurred at 6 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>O. L. Seabough</u>	<b>(Degree or title)</b> <u>M.D.</u>	<b>23b. ADDRESS</b> <u>Cape Girardeau</u>	<b>23c. DATE SIGNED</b> <u>3-23-49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____	<b>24b. DATE</b> _____	<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	<b>24d. LOCATION</b> (City, town, or county) (State) _____
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<b>DATE REC'D BY LOCAL REG.</b> _____	<b>REGISTRAR'S SIGNATURE</b> _____	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> _____	<b>ADDRESS</b> _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**SUPPLEMENTAL**  
*Requested information*

