

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27451

66000

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 57789 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Elizabeth		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Elizabeth	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Joseph c. (Last) Rehagan			4. DATE OF DEATH (Month) (Day) (Year) August 14, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Neger Married	8. DATE OF BIRTH March 19, 1918
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri, St. Elizabeth
			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank G. Rehagan		13b. MOTHER'S MAIDEN NAME Mary Beckman	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank G. Rehagan St. Elizabeth, Mo.
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 INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned			2 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			39291
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			22
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm - Tavern Creek	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Elizabeth Miller Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) About 8 o'clock PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 66	
22. I hereby certify that I attended the deceased from August 14, 1949 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:55 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter P. Nedges Coroner		23b. ADDRESS Iberia, Missouri	23c. DATE SIGNED 8/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 17, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Lawrence	24d. LOCATION (City, town, or county) (State) St. Elizabeth, Missouri
DATE REC'D BY LOCAL REG. Aug 17 1949	REGISTRAR'S SIGNATURE John E. Schweitzer	25. EMERAL DIRECTOR'S SIGNATURE Walter P. Nedges	ADDRESS Iberia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—66000

District File Number _____
District Health Officer No. 9,
AUG 24 1919

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



Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.