

FILED NOV 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38352

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>242</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3624 Bennington</u>					
3. NAME OF DECEASED (Type or Print) <u>GUSTAV — RABKE</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>November-11-1949</u>				(Month)		(Day)		(Year)	
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>Oct 6-1879</u>		9. AGE (in years last birthday) <u>70</u> 1 <u>1</u> 5	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Freight House</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles Rabke</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Reinhardt</u>			14. NAME OF HUSBAND OR WIFE <u>Meta Rabke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>702-05-1324</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Meta Rabke</u> ADDRESS <u>3624 Bennington Kansas City 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER OF SIGMOID COLON</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</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>153X</u>	
19a. DATE OF OPERATION <u>Sept. 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>CANCER of COLON.</u>						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)		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>Nov. 1</u> , 19 <u>49</u> , to <u>Nov 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 11</u> , 19 <u>49</u> , and that death occurred at <u>11:02 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Henry L. Baden M.D.</u> (Degree or title)				23b. ADDRESS <u>WABASH HOSPITAL MOBERLY MO</u>				23c. DATE SIGNED <u>Nov 11</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 14-49</u>		REGISTRAR'S SIGNATURE <u>Leah Wallace</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ed Snow</u>		ADDRESS <u>Funeral Home Moberly Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4888
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NOV 23 1949

RECEIVED NOV 22 1949
District Health Officer No. 10
District File Number 11-49725
Date Filed NOV 22 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.

Signed R. M. Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Mohand, 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.