

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12169

State File No.

FILED MAY 5 1951

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5-425 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI b. COUNTY FRANKLIN

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
RURAL BOEUF ALL

c. CITY (If outside corporate limits, write RURAL and give township)
RURAL BOEUF 0360

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
a. (First) CAROLINE b. (Middle) RATHERT c. (Last) RATHERT

4. DATE OF DEATH (Month) (Day) (Year)
4-25-51

5. SEX FEMALE 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MAR-10-1876 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 1 IF UNDER 11 HRS. Days 7 Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) SENATE GROVE MO 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME HENRY ROTHMEYER 13b. MOTHER'S MAIDEN NAME MINNIE BREDEMAYER 14. NAME OF HUSBAND OR WIFE WM. RATHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Edum Bohmer New Haven Mo ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart disease with congestive failure

INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbidity 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5/16, 1946, to April 25, 1951, that I last saw the deceased alive on April 19, 1951, and that death occurred at 11:12 m., from the causes and on the date stated above.

23a. SIGNATURE B. P. Eisenmann M.D. (Degree or title) 23b. ADDRESS New Haven, Mo. 23c. DATE SIGNED 4/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 4-28-51 24c. NAME OF CEMETERY OR CREMATORY SENATE GROVE 24d. LOCATION (City, town, or county) (State) NEAR NEW HAVEN MO

DATE REC'D BY LOCAL REG. Apr. 27-51 REGISTRAR'S SIGNATURE Jessie Grammann 93 25. FUNERAL DIRECTOR'S SIGNATURE Lola Peterson ADDRESS New Haven Mo.

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

5. No. 300
v. 10.48

5360
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RECEIVED
MAY 3 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 *Earl Fertig*

Licensed Embalmer No. *3385*

P. O. Address *New Haven 410*

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.