

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29544

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 923

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 2502 St. Joseph Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs. Goforth Nursing Home 2502 St. Joseph Ave.			

3. NAME OF DECEASED (Type or Print) Matilda	a. (First)	b. (Middle)	c. (Last) Rainalter	4. DATE OF DEATH September 3, 1951.
---	------------	-------------	---------------------	-------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH November 24, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
---------------	------------------------	--	------------------------------------	------------------------------------	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Clerk	10b. KIND OF BUSINESS OR INDUSTRY Dry Goods Store.	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	----------------------------------

13a. FATHER'S NAME John J. Rainalter	13b. MOTHER'S MAIDEN NAME Anna Kathen	14. NAME OF HUSBAND OR WIFE None
--------------------------------------	---------------------------------------	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No	16. SOCIAL SECURITY NO. Not given	17. INFORMANT'S SIGNATURE OR NAME Mrs. Melvin E. Binswanger-St. Joseph, Mo.	ADDRESS
---	-----------------------------------	---	---------

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, asthma, 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) Fibro Sarcoma Abdomen		
	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. Diverticulosis Colon; Gen Arteriosclerosis		1991	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 11-23, 1949, to 9-3, 1951, that I last saw the deceased alive on 9-3, 1951 and that death occurred at 5:00A. m., from the causes and on the date stated above.

23a. SIGNATURE R. P. Preber, M.D.	(Degree or title)	23b. ADDRESS Phys Dept St Joseph Mo	23c. DATE SIGNED 9-5-51
-----------------------------------	-------------------	-------------------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 5, 1951.	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery.	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. Sept. 11, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Walter Henschel	ADDRESS St. Joseph, Mo.
---	--------------------------------------	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

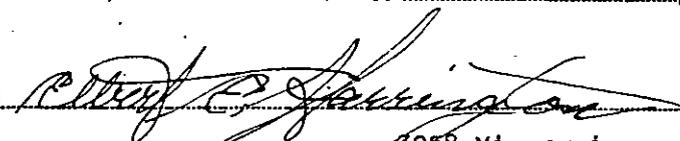
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *****

Student Embalmer No.

working under my personal supervision.

Student *****
Student Embalmer

Signed



Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.