

FILED NOV 10 1951
Dr. Enloe

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32997**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **284**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 70yrs		d. STREET ADDRESS (If rural, give location) Rear 322 East Miller Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rear 322 East Miller Street		e. FULL NAME OF HOSPITAL OR INSTITUTION Rear 322 East Miller Street	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) None c. (Last) Raithel			4. DATE OF DEATH (Month) (Day) (Year) Nov- 3- 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May-8-1870	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months 0 IF UNDER 2 HRS. Days 0 IF UNDER 2 MIN. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) South Point, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John G. Dietz	13b. MOTHER'S MAIDEN NAME Agatha Charlotte	14. NAME OF HUSBAND OR WIFE Chas Raithel
---	---	---

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. None	17. INFORMANT'S SIGNATURE OR NAME Anna Dietz, Jefferson City, Mo.	ADDRESS
--	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Lobar		
	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. Diabetes Mellitus		15+ yr	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 490X	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) (Min.)	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 **10/24, 1951**, to **11/3**, 19**51**, that I last saw the deceased alive on **10/24, 1951**, and that death occurred at **9 P** m., from the causes and on the date stated above.

23a. SIGNATURE Edward Enloe (Degree or title)	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 11/5/51
--	--	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Nov-6-1951	24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. Nov. 5-1951	REGISTRAR'S SIGNATURE R.P. Davis	25. FUNERAL DIRECTOR'S SIGNATURE Tom J. Ford	ADDRESS Jefferson City, Mo
---	---	---	-----------------------------------

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

264
1

RECEIVED

NOV 9 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 9 - 1951

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 *Joseph J. Gadm*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.