

STANDARD CERTIFICATE OF DEATH

State File No. **38146**

FILED DEC 8- 1951

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 25-11

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

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) Tuscumbia		c. CITY (If outside corporate limits, write RURAL and give township) St. Elizabeth 0660	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphrey Hospital			

3. NAME OF DECEASED (Type or Print) Barnard		a. (First) A.		b. (Middle) Rehagen		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29 1951		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 6, 1946		9. AGE (In years last birthday) Months Days Hours Mins. 5		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Rehagen		13b. MOTHER'S MAIDEN NAME Kathrine Scheulen		14. NAME OF HUSBAND OR WIFE none	
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 ADDRESS Kathrine Rehagen St. Elizabeth	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Acute.		INTERVAL BETWEEN ONSET AND DEATH 1 Wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Subacute Bacterial		2 Wks	
		DUE TO (c) Endocarditis suppurative		4 Months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ing Rheumatic Heart Disease		4 Months	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4011	

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 11-26-1951 to 11-29-1951 , that I last saw the deceased alive on 11-29-1951 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) M. E. Humphrey D.O.		23b. ADDRESS Tuscumbia Mo.		23c. DATE SIGNED 11-30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 1, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Lawrence	
				24d. LOCATION (City, town, or county) (State) St. Elizabeth	

DATE REC'D BY LOCAL REG. December 1, 1951		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ernest L. Young Eldon, Mo	
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DECEASED
DEC 6 1951

MULTIPLE DEATHS
SECTION

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 Ernest L. Young

Licensed Embalmer No. 4785

P. O. Address Eldon, 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.