

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19076

State File No. _____
Registrar's No. 38

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496

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

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1

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u> <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>ANNA</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>RATHJEN</u>	May		14 1952
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar-11-1872</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>2</u> DAYS <u>2</u> HOURS <u>2</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby county Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Kneuchner</u>		13b. MOTHER'S MAIDEN NAME <u>Catharine Reinheim</u>		14. NAME OF HUSBAND OR WIFE <u>Harmon Rathjen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eddie Rathjen Shelbyville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one day</u> <u>4 years</u> <u>44 years</u> <u>5 months</u>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Chronic hypertension</u> <u>Cerebral hemorrhage.</u>		
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 <u>4201</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 Nov 4, 1951 to May 14, 1952, that I last saw the deceased alive on May 4, 1952, and that death occurred at 1 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Anna and W. W. W. D. O.</u>		23b. ADDRESS <u>Be the Mo</u>		23c. DATE SIGNED <u>5/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Shelby County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u>		ADDRESS <u>Shelbyville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-20-52</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		119	

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.....

.....*Myself*.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....*E. P. Thompson*.....

Licensed Embalmer No.....*1632*.....

P. O. Address.....*Shelbyville, 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.