

LED SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32098

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 69

2500
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1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		
b. CITY OR TOWN Rural Big River		c. LENGTH OF STAY (in days)	c. CITY OR TOWN Rural Big River		b. COUNTY Jefferson
d. FULL NAME OF HOSPITAL OR INSTITUTION Robertsville R. I.			d. STREET ADDRESS Robertsville R. I. 0500		

3. NAME OF DECEASED (Type or Print) Christiana Mary Rabenort		b. (Middle)	c. (Last) Rabenort	4. DATE OF DEATH (Month) (Day) (Year) 9-14-52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-22-1871	9. AGE (In years, Months, Days) 81 0 23	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Rabenort		13b. MOTHER'S MAIDEN NAME Unkown		14. NAME OF HUSBAND OR WIFE Julia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Ernest Rabenort - Robertsville		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Asthmaticus 1/2 Hx -		INTERVAL BETWEEN ONSET AND DEATH
	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. Bronchial asthma 2 years -		
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)
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 March 1949, to 9-14-1952, that I last saw the deceased alive on 9-6-1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE W. E. Mitchell, M.D.	(Degree or title)	23b. ADDRESS St. Clair - Mo	23c. DATE SIGNED 9/15-
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-19-52	24c. NAME OF CEMETERY OR CREMATORY Wilbur Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Co Mo.
DATE REC'D BY LOCAL REG. 9-19-52	REGISTRAR'S SIGNATURE Karlman M. Merdian	141	25. FUNERAL DIRECTOR'S SIGNATURE Sherwood W. Mitchell, St. Clair Mo

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED SEP 26 1952

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 Sheldon N. Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.