

5. No. 300  
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2463

FILED FEB 10 1953

State File No. ....  
Registrar's No. 13

BIRTH NO. ....		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5918		State File No. ....		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem Twp.			c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem Twp.			0790				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) Emma			a. (First) Emma		b. (Middle) M.		c. (Last) Mahnken		4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1953		
5. SEX / Female	6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 27, 1891		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 2 YEAR Days	IF UNDER 3 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jacob, Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frederick Rathjen			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Fred W. Mahnken					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME R#1 Fred W. Mahnken ADDRESS Seventy-Six, Mo.					
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) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 1/2 hour	
				ANTECEDENT CAUSES Arteriosclerosis						2 1/2 yrs.	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) -751X							
				DUE TO (c) Carcinoma of Stomach						1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION 1/30/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach								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 Sept. 17, 1942, to Jan. 30, 1953, that I last saw the deceased alive on Jan. 20, 1953, and that death occurred at 6:15 a.m., from the causes and on the date stated above.											
23a. SIGNATURE Theodore Fischer M.D.					23b. ADDRESS Altenburg, Mo			23c. DATE SIGNED 1-31-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.		24d. LOCATION (City, town, or county) (State) Farrar, Missouri					
DATE REC'D BY LOCAL REG. Feb 2-53		REGISTRAR'S SIGNATURE Joe J. Swellner			25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons		ADDRESS Perryville Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

2790  
1

MAR 4 1961

**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 Carroll Young

Licensed Embalmer No. 2138

P. O. Address Pennington 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.