

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9223

State File No.

No. 300
10.48

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 72

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cole</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City, Mo</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Cole</u>
c. LENGTH OF STAY (in this place) <u>10 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> <u>0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>907 Moreau Dr.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arthur</u>	b. (Middle) <u>—</u>	c. (Last) <u>Raithel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 11, 1896</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	11. UNDER 24 HRS. Hours <u>—</u> Mins. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>u.s.a.</u>
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13a. FATHER'S NAME <u>Lawrence Raithel</u>	13b. MOTHER'S MAIDEN NAME <u>Dena Schrimpf</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Scheulen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes War I</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Raithel</u>	ADDRESS <u>J. C. Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia (aspiration)</u>			<u>4 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 19, 1953, to March 20, 1953, that I last saw the deceased alive on March 19, 1953, and that death occurred at 2:50 A. from the causes and on the date stated above.

23a. SIGNATURE <u>David Enloe M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>L. DAVID ENLOE, M.D. JEFFERSON CITY, MO.</u>	23c. DATE SIGNED <u>3-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 21-53</u>	REGISTRAR'S SIGNATURE <u>R. O. Davis M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>	ADDRESS <u>J. C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

264
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APR 1 1959

APR 1 1959

MAR 20 1959

MAR 9 1959

APR 9 1959

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 _____

Sylvester R. Dull

Licensed Embalmer No. _____

4321

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.