

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

27952

State File No. \_\_\_\_\_

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach - rural - Osage Twp. 5-</u>		c. LENGTH OF STAY (in this place) <u>5-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach - rural - Osage Twp. 5-</u>		d. STREET ADDRESS (If usual, give location) <u>Lake Rd. 10A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Rd. 10A</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EZRA</u>		b. (Middle) <u>G</u>		c. (Last) <u>RATH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Feb. 17, 1871</u>	9. AGE (In years) (Month) (Day) <u>82</u>	10. HIGHER SCHOOLING <u>None</u>	11. HIGHER SCHOOLING <u>None</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Jeweler</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Schoolcraft, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alexander B. Rath</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Rath</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Rath Osage Beach, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal syndrome</u>					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) <u>Senility</u>					
		DUE TO (c)					
		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>442 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>7-8-1953</u> to <u>9-7-1953</u> , that I last saw the deceased alive on <u>8-29-1953</u> , and that death occurred at <u>4:20 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl J. Bumbler, M.D.</u>				23b. ADDRESS <u>Eldon, Mo</u>		23c. DATE SIGNED <u>9-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 10-1953</u>		REGISTRAR'S SIGNATURE <u>Zelpha Inaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis S. Phillips</u>		ADDRESS <u>Eldon</u>	

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

No. 300  
10.48

15-0

**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-----

Louis D. Phillips

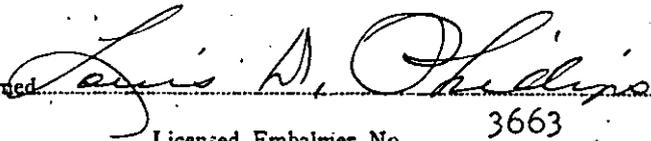
Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. .... 3663

P. O. Address ..... Eldon

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.