

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT. 27 1953

BIRTH NO.

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 3056

Registrar's No. 264

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly, Mo 0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 1/2 Ebberson		d. STREET ADDRESS (If rural, give location) 320 1/2 Ebberson 0	
3. NAME OF DECEASED a. (First) Ida b. (Middle) C. Rebbenhagen c. (Last) C. Rebbenhagen			4. DATE OF DEATH (Month) (Day) (Year) Oct 21 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 27 1875
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? Mo
13a. FATHER'S NAME William Dooley		13b. MOTHER'S MAIDEN NAME Sarah Mc Nabb	14. NAME OF HUSBAND OR WIFE
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. ✓	17. INFORMANT'S SIGNATURE OR NAME Albert K Mahan, Moberly, Mo ADDRESS
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) Suffocation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Smoke fire in home 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 None		19b. MAJOR FINDINGS OF OPERATION E9160 16	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home/farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Randolph Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 21, 1953 7:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Home caught fire			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. J. Jolly, D.O. Moberly		23b. ADDRESS 203 1/2 N. Clark, Moberly, Mo	
23c. DATE SIGNED 10/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-23-53	
24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 10/23/53		REGISTRAR'S SIGNATURE Carl Bellair, Moberly	
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son, Moberly, Mo		ADDRESS	

JUN 4 1954

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.