

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38474**

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

300  
48

FILED DEC 8 1953

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carrollton</u> )		c. LENGTH OF STAY (in this place) <u>30 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		d. STREET ADDRESS (If rural, give location) <u>810. South Main.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810. South Main Street.</u>				d. STREET ADDRESS (If rural, give location) <u>810. South Main.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Raasch</u> c. (Last) <u>Horst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>II. / 27 / 1953 /</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>9</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>II / 27 / 1881.</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home.</u>		11. BIRTHPLACE (State or foreign country) <u>Geneva. Wisconsin.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Frederich D. Raasch.</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhemina Mackworth.</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur F Horst Norborne Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (uterine)</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 2 yrs.</u>  ANTECEDENT CAUSES Morbidity 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>174X</u>				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 <u>Oct 27, 1953</u> , to <u>Nov. 27, 1953</u> , that I last saw the deceased alive on <u>Nov. 25, 1953</u> , and that death occurred at <u>11:04 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carroll Reed M.D.</u>				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>11/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/30/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery, Norborne, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>11/30/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John G. Deutch</u>		ADDRESS <u>Norborne Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Northome MN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.