

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44958**

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6243** Registrar's No. **77**

1100

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

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Rural-Liberty		c. CITY OR TOWN Rural-Liberty 1100	
c. LENGTH OF STAY (in this place) 12yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Jennie May Rathmell			4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 5-3-1877		9. AGE (in years last birthday) 76		IF UNDER 1 YEAR Months 7 Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Millsboro, Pa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Lot Stanley		13b. MOTHER'S MAIDEN NAME Larness Wintergale		14. NAME OF HUSBAND OR WIFE Thomas Rathmell.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Virginia Egley Potosi RT 1 Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal OBSTRUCTION		DUE TO (b) CHRONIC CONSTIPATION				4 DAYS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				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		19b. MAJOR FINDINGS OF OPERATION				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)	
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	

22. I hereby certify that I attended the deceased from **JANUARY, 1952**, to **Dec. 12, 1953**, that I last saw the deceased alive on **Dec. 8, 1953**, and that death occurred at **2:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward W. Potosi		23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED Dec. 12, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-1953		24c. NAME OF CEMETERY OR CREMATORY RedStone Cemetery		24d. LOCATION (City, town, or county) (State) Brownsville, Pa	
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DATE REC'D BY LOCAL REG. 12/14/53		REGISTRAR'S SIGNATURE Herbert Erdall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur N. Smith Potosi, Mo	
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RECEIVED

DEC 13 1933

WASH. COUNTY HEALTH

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potasi, 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.