No. 300
10.48

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (In this place): DK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 407 S. OSTEOPATHY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ADAIR
c. CITY OR TOWN: KIRKSVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 407 S. OSTEOPATHY

0013
0

3. NAME OF DECEASED (Type or Print)
a. (First): MAUD
b. (Middle): R.
c. (Last): NEWTON

4. DATE OF DEATH (Month) (Day) (Year): 1-7-1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): U.K.
8. DATE OF BIRTH: 4-22-1880
9. AGE (In years last birthday): 74
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE CLERK
10b. KIND OF BUSINESS OR INDUSTRY: APPLIANCE
11. BIRTHPLACE (City and State or Foreign Country): MEMPHIS, MO
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: GEORGE W. RATHBUN
13b. MOTHER'S MAIDEN NAME: OLIVE RUSSELL
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.: 486-38-5986
17. INFORMANT'S SIGNATURE OR NAME: MABLE RATHBUN
ADDRESS: KIRKSVILLE, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/6/55 6 P.M. 10 1/2 HOURS. ~~1/7/55~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c) Hypertensive heart disease

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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) Kirksville (COUNTY) Adair. (STATE) MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 AM. 1/7/, 1955, *to* 4:30 AM. 1/7/1955, *that I last saw the deceased alive on* 1/7/, 1955, *and that death occurred at* 4:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Keller, D.O.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 1/10/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-10-55
24c. NAME OF CEMETERY OR CREMATORY: HEWELLYN CEM.
24d. LOCATION (City, town, or county) (State): KIRKSVILLE, MO

DATE REC'D BY LOCAL REG.: 1-11-55
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE: Davis & Hagel
ADDRESS: Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold H. Nigal

Licensed Embalmer No. 429

P. O. Address Kirksvil

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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