

FILED *Dr. Osstman*
AUG 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *21990*
Registrar's No. *233*

BIRTH NO. _____ REG. DIST. NO. *77* PRIMARY REG. DIST. NO. *3016*

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jefferson City</i>	c. LENGTH OF STAY (In this place) <i>85yrs</i>	c. CITY OR TOWN <i>Jefferson City</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>327 Ash Street</i>		e. STREET ADDRESS (If rural, give location) <i>327 Ash Street</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Margaret</i>	b. (Middle) _____	c. (Last) <i>Raithel</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 2 1955</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb-1-1870</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Cole County, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Ulrich Wolfrum</i>	13b. MOTHER'S MAIDEN NAME <i>Catherine Buchta</i>	14. NAME OF HUSBAND OR WIFE <i>Edward A. Raithel</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Florence Schmidt, Jefferson City, Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General arteriosclerosis</i> DUE TO (c) <i>Chlamydia 4200</i>		
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)
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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?
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22. I hereby certify that I attended the deceased from *Jan 1, 1955* to *Aug 1, 1955*, that I last saw the deceased alive on *Aug 1, 1955*, and that death occurred at *8:45 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. P. Osstman M.D.</i> (Degree or title)	23b. ADDRESS <i>Jeff. City - Mo</i>	23c. DATE SIGNED <i>8-5-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug-11-1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Riverview Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jefferson City, Mo</i>
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DATE REC'D BY LOCAL REG. <i>Aug 6-1955</i>	REGISTRAR'S SIGNATURE <i>R. P. Davis M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John J. Jordan Jefferson City, Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 16 1957

APR 20 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jeff City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.