

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40162

State File No. ....

FILED JAN 10 1956

|  |  |   |   |  |   |  |                                  |   |  |
|--|--|---|---|--|---|--|----------------------------------|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>119</u>   |   | PRIMARY REG. DIST. NO. <u>4193</u>   |   | Registrar's No. <u>34</u>  |                                  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gasconade</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> |   |  |                                  | b. COUNTY <u>Gasconade</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hermann</u> )  |  | c. LENGTH OF STAY (in this place) <u>3 months</u>   |   | c. CITY OR TOWN <u>Hermann</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 2nd &amp; Gellert</u>  |  |   |   | e. STREET ADDRESS (If rural, give location) <u>East 2nd &amp; Gellert</u>  |   |  |                                  | <u>0010</u>   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Henry</u>   |  |   | b. (Middle) <u>Gustave</u>                          |  |   | c. (Last) <u>Rethemeyer</u>  |                                  |   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>12 26 1955</u>   |  | 5. SEX <u>Male</u>  |   | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |                                  | 8. DATE OF BIRTH <u>Sept. 3, 1881</u>   |  |
| 9. AGE (In years) (Months) (Days) (Hours) (Min.)<br><u>74</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>   |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven, RFD, Mo.</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  |
| 13a. FATHER'S NAME <u>Henry Rethemeyer</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Caroline Schaeffer</u> |  |   | 14. NAME OF HUSBAND OR WIFE <u>Mary Rethemeyer</u>   |                                  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. G. Rethemeyer, Hermann, Mo.</u>                                       |   |  |                                  | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of Prostate</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>177X</u> |   |  |   |  |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr.</u><br><br><u>4 yrs.</u>               |  |
| 19a. DATE OF OPERATION <u>Jan. 1954</u>  |  | 19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Carcinoma</u>   |   |  |   |  |                                  | 20. AUTOPSY?<br>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) (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 <u>Sept. 13, 1954</u> , to <u>Dec. 26, 1955</u> , that I last saw the deceased alive on <u>Dec. 22, 1955</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above. |  |   |   |  |   |  |                                  |   |  |
| 23a. SIGNATURE <u>H. G. Rethemeyer</u> (Degree or title) <u>D.O.</u>   |  |   |   | 23b. ADDRESS <u>New Haven, Missouri</u>  |   |  | 23c. DATE SIGNED <u>12/27/55</u> |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>12-29-55</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>St. James E &amp; R Cem.</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Stony Hill, Missouri</u>  |                                  |   |  |
| DATE REC'D BY LOCAL REG. <u>12-28-55</u>   |  | REGISTRAR'S SIGNATURE <u>Delma Gerken 4927</u>  |   |  | 25. GENERAL DIRECTOR'S SIGNATURE <u>Hugo L. Blume</u> ADDRESS <u>Hermann, Mo.</u> |  |                                  |   |  |

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

FEB 9 1958

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.....  
Signature of Student Embalmer

Signed.....  
*Hugh B. Quinn*

Licensed Embalmer No. 316

P. O. Address *Herrmann*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.