

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1958

29920

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1098

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rushville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O. A. Meth. Hosp.			Length of stay in 15 1 day		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last NORMAN RATHBURN				4. DATE OF DEATH Month Day Year October 9, 1956										
5. SEX Male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 24, 1902		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telegraph operator				10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.		11. BIRTHPLACE (City and state or country) Weston, Mo.				12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Lester Rathburn						14. MOTHER'S MAIDEN NAME Etta Mae Mitchell								
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. unknown		17. INFORMANT Address Mrs. Beulah Rathburn, Rushville, Mo.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot-Sun wound of head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Man shot himself with a 410 gauge shot gun, while alone in his room. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH 1 day				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self Inflicted											
20c. TIME OF INJURY Hour Month, Day, Year 9:10 a. m. Oct. 9-1956														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home			20f. CITY, TOWN, OR LOCATION Rushville			COUNTY Buchanan			STATE MO		
21. I attended the deceased from <u>9:10</u> on <u>Oct 9, 1956</u> to <u>9:10</u> and last saw her alive on <u>9:10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>9:10</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) H. F. Munchy (Coroner) M.D.						22b. ADDRESS St. Joseph Mo			22c. DATE SIGNED Oct 9-1956					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 10/11/1956		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery			23d. LOCATION (City, town, or county) St. Joseph, Mo.						
24. FUNERAL DIRECTOR Address Heston-Bowman St. Joseph, Mo.					25. DATE RECD. BY LOCAL REG. Oct 12, 1956			26. REGISTRAR'S SIGNATURE Eugene M. Allison						

(Licensed Embalmer's Statement on Reverse Side)

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APR 28 1957

MAY 22 1957

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.....
Engene Wood

Licensed Embalmer No. *3804*

P. O. Address *215 2010th St*

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.