

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40958**  
Registrar's No. **385**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>385</b>		
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. LENGTH OF STAY (in this place) <b>5 Weeks</b>		c. CITY OR TOWN <b>Jefferson City</b>		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 <b>St. Marys Hospital</b>				f. STREET ADDRESS (If rural, give location) <b>600 Clark Ave.</b>				
3. NAME OF DECEASED (Type or Print) <b>KATHERINE REHAGEN</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>REHAGEN</b>			4. DATE OF DEATH <b>DEC. 30, 1956</b> (Month) (Day) (Year)		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>May 8, 1877</b> 9. AGE (In years last birthday) <b>79</b> 10. IF UNDER 1 YEAR Months <b>7</b> 11. IF UNDER 1 HR. Hours <b>22</b> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Westphalia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank William Rehagen</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Abkemeyer</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Rehagen J C MO.</b>				
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) <b>Cancer of recto sigmoid colon</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic hypertension</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 Mo</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>154X</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 <b>June</b> , 1956, to <b>Dec</b> , 1956, that I last saw the deceased alive on <b>Dec 29</b> , 1956, and that death occurred at <b>3 A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>William A. [Signature]</b>				23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>Dec 31/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/2/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Peters</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4 Jan 1957</b>		REGISTRAR'S SIGNATURE <b>R.P. Norris MD-MR</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Elizabeth [Signature]</b>		ADDRESS <b>J C MO.</b>		

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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 43  
P. O. Address Jefferson

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.