

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44481

STATE FILE NUMBER

FILED DEC 18 1956

Registration District No. 337 Primary Registration District No. 4997 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLARENCE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CLARENCE MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>			Length of stay in lb <u>2 MONTH</u>		d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GLENDA</u> Middle <u>LOU</u> Last <u>RATHJEN</u>				4. DATE OF DEATH Month <u>DEC</u> Day <u>4</u> Year <u>1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>FEB 27, 1936</u>		9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>MO SHELBY COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13. FATHER'S NAME <u>ALFRED RATHJEN</u>				14. MOTHER'S MAIDEN NAME <u>DOROTHY GLAHN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MR ALFRED RATHJEN CLARENCE MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rheumatic HEART DISEASE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 Years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rheumatic Fever</u>						<u>5 Years</u>	
DUE TO (c) <u>Passive Pulmonary Congestion</u>						<u>2 Weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>10:15 P.</u> Month, Day, Year a. m. <u>13</u> <u>1956</u> p. m. <u>10:15</u> <u>1956</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov. 13, 1956</u> to <u>Dec. 4, 1956</u> and last saw her <u>alive</u> on <u>Dec. 4, 1956</u> Death occurred at <u>10:15 P. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr. B. L. Edgington D.O.</u>				22b. ADDRESS <u>Clarence Mo.</u>		22c. DATE SIGNED <u>12-7-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-6-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MORRIS CHARLES CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>SHELBY COUNTY MO</u>		
24. FUNERAL DIRECTOR <u>Charles L. Sheering</u> ADDRESS <u>Clarence Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-12-56</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 *Charles V. Green*.....

Licensed Embalmer No. *46*.....

P. O. Address *Green*.....

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