

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5605

FILED FEB 19 1957

STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Hawcreek Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural Hawcreek Twp. <u>0710</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles South Stover Length of stay in lb 12 yrs.		d. STREET ADDRESS (If outside, give location) 2 miles South Stover Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle W. Last Rehmer			4. DATE OF DEATH Month Feb. Day 13 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1882
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 2 Days 27 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Pettis County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Fritz Rehmer	
14. MOTHER'S MAIDEN NAME Kathryn Wiecken		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. none		17. INFORMANT Address Emil P. Rehmer Stover, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arterial Sclerosis DUE TO (c) Stenotically Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 unknown unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK	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 _____ to _____ and last saw her/him alive on _____ Death occurred at 3 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gene J. Bathan Coroner		22b. ADDRESS Versailles, Mo	22c. DATE SIGNED 14 Feb 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 15, 1957	23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery	23d. LOCATION (City, town, or county) (State) Smithton Missouri
24. FUNERAL DIRECTOR ADDRESS J. H. Stover Stover, Mo.	25. DATE REC'D. BY LOCAL REG. Feb 15 - 1957	26. REGISTRAR'S SIGNATURE Wm L Rippeger	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

death, Welfare Public service
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All diseases in Part I must be causally related. Coronary should not be listed. All symptoms will be listed. Cause of death must be stated. See only standard nomenclature at rear of this form. Cause of death must be stated. See only standard nomenclature at rear of this form. Cause of death must be stated. See only standard nomenclature at rear of this form.

