

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41282

State File No. ....

U.S. No. 300  
Rev. 10-48

FILED NOV 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 3048 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mannville</u>		c. LENGTH OF STAY (In this place) <u>10 hrs</u>	c. CITY OR TOWN <u>Blockton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>none</u>		(If rural, give location) <u>314th St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Florence</u>	c. (Last) <u>Raher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11, 1957</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 18, 1869</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Ford</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Raher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David Raher</u>	ADDRESS <u>Kimball, Nebr.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Oblique fracture distal 1/3 rt femur</u>		
	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. <u>Generalized Arteriosclerosis 10yrs</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>9020</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>21 Blockton</u> (COUNTY) <u>814 Taylor</u> (STATE) <u>Iowa</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 10 57 11am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell from bed while trying to get up</u>
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22. I hereby certify that I attended the deceased from Nov 10 19 57, to Nov 11 19 57, that I last saw the deceased alive on Nov 10 19 57, and that death occurred at 2 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Matteson M.D.</u> (degree or title)	23b. ADDRESS <u>GRANT CITY MISSOURI</u>	23c. DATE SIGNED <u>11-12-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-13, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Platterville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Platterville, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>11-14 57</u>	REGISTRAR'S SIGNATURE <u>Bess Hult</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Matteson</u>	ADDRESS <u>Bedford, Ia.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 self....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Frank Lutz.....

Licensed Embalmer No. 4517.....

P. O. Address Bedford, Va.....

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.