

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014822
STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 39

0542
300
1-56

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Lexington Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN Higginville 05410			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Memorial Hospital 1 day			d. STREET ADDRESS (If outside, give location) Reside on Farm 1000 Elm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Carl F. Rezman				4. DATE OF DEATH Month Day Year April 3 1958			
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 May 14, 1904		9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Appliances Sales Service			10b. KIND OF BUSINESS OR INDUSTRY Sales Service		11. BIRTHPLACE (City and state or country) Higginville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Rudolph Rezman				14. MOTHER'S MAIDEN NAME Minnie Starkebaum			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. 609-20-3564		17. INFORMANT Mrs. Rena Rezman Higginville Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis & Coronary thrombosis 24 hrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) 332X INTERVAL BETWEEN ONSET AND DEATH Years -							
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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a. m. p. m.							
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 Dec 25-55 to Apr. 3-58 and last saw him alive on April 3-58 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. Koppmann, M.D.				22b. ADDRESS Higginville Mo		22c. DATE SIGNED Apr. 21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Apr. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Evangelical		23d. LOCATION (City, town, or county) (State) Higginville, Mo.			
24. FUNERAL DIRECTOR Meyers-Pickel-Higginville, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 4-23-58	26. REGISTRAR'S SIGNATURE M. E. ...		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MAR

0 1959

MAY 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Forest Rickhof

Licensed Embalmer No. 426

P. O. Address *Higginsville*

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.