Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035858
STATE FILE NUMBER

Dr. Kanagawa

FILED OCT 24 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 304

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1. PLACE OF DEATH a. COUNTY Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Jefferson City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hosp — Length of stay in 1b 10yrs	d. STREET ADDRESS (If outside, give location) 0260 821 Fairmount — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Katherine Middle Ann Last Rabsahl		4. DATE OF DEATH Month Oct Day 18 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH Feb-8-1866
9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Jefferson City, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frederick Mayer	13b. MOTHER'S MAIDEN NAME Margaret Dorner	14. NAME OF HUSBAND OR WIFE John Rabsahl	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Kathherine Guyot, Address Jefferson City, Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Diffuse Myocardial infarction	2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diff Myocardial damage	2 years.
DUE TO (c)	4201	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Ventral hernia

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 9/5/56, to 10/18/58 and last saw her/him alive on 10/18/58
Death occurred at 11 40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H Kanagawa MD 0	22b. ADDRESS 515 E High St	22c. DATE SIGNED 10/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-21-1958	23c. NAME OF CEMETERY OR CREMATORY Silent Hill	23d. LOCATION (City, town, or county) (State) Higginsville, Mo.
24. FUNERAL DIRECTOR ADDRESS Thorpe J Gordon, Jefferson City, Mo	25. DATE RECD. BY LOCAL REG. 20 Oct. 1958	26. REGISTRAR'S SIGNATURE R. P. Dorris, M.D. N.R.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 .....

Licensed Embalmer No. 1286

P. O. Address .....

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.