

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018476

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 50

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LATHAM Hospital</u> Length of stay in lb <u>12 hours.</u>		d. STREET ADDRESS (If outside, give location) <u>06 21 0</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Beverly Louise Raitzel</u>			4. DATE OF DEATH Month Day Year <u>MAY 10 1959</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>5-10-59</u>
9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 MRS. Hour _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>CALIFORNIA, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY Raitzel</u>	
13b. MOTHER'S MAIDEN NAME <u>Frieda Anna Strobel</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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. <u>-</u>	17. INFORMANT Address <u>MRS. HENRY Raitzel, Lohman, 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>Patent interventricular Septum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prematurity.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Congenital</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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 <u>5-10-59</u> to <u>5-10-59</u> and last saw her <u>alive on 5-10-59</u> Death occurred at <u>9:20</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenyon Latham M.D.</u>		22b. ADDRESS <u>California, Mo</u>	22c. DATE SIGNED <u>5-12-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) _____	23b. DATE _____	23c. NAME OF CEMETERY OR CREMATORY <u>Remondelluth Cemetery, 1/2 mi. south Russell Mo.</u>	23d. LOCATION (City, town, or county) (State) _____
24. FUNERAL DIRECTOR <u>Hugh A. Schubert</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>5/17/59</u>	26. REGISTRAR'S SIGNATURE <u>Helen L. Popejoy</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(License of Embalmer's Statement on Reverse Side)

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 *Kugo H. Schubert*

Licensed Embalmer No. *2870*
P. O. Address *Russellville*

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.