

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041239

FILED VS NOV 16 1959

NDED

Registration District No. 274 Primary Registration District No. 3052 4408 361 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pettis County</u>		2. USUAL RESIDENCE (Where deceased lived ^{10 days or more} before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Smithton</u>		c. CITY OR TOWN <u>Smithton, Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home (Smithton)</u>		d. STREET ADDRESS (If outside, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or print) First <u>Mrs. Dora</u> Middle <u>Caroline</u> Last <u>(T) Rathert</u>		4. DATE OF DEATH Month <u>11</u> Day <u>12</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-12-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (last birthday) <u>76</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HR: Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Old Appleton - Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles Tuschhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Luetje</u>	
14. NAME OF HUSBAND OR WIFE <u>Rev E. J. Rathert</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Rev E. J. Rathert - Smithton, 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>Adenocarcinoma uterus with extensive metastasis</u> DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>14 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic CV Disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>5:00</u> a.m. <u>PM</u> Month, Day, Year <u>Sept 1958</u>		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 <u>Smithton, Mo</u> COUNTY <u>Pettis</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>September 1958</u> to <u>Nov 1959</u> and last saw her alive on <u>3 Nov 1959</u> Death occurred at <u>5:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. V. Siegel MD</u> (Print or title)		22b. ADDRESS <u>Smithton, Mo</u>	
22c. DATE SIGNED <u>11/13/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-14-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>	
23d. LOCATION (City, town or county) <u>Smithton, Missouri</u>		24. GENERAL DIRECTOR <u>Frances Sheeby</u> ADDRESS <u>Smithton, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>11-14-1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Sheeby</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed 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 Richard B. Conn

Licensed Embalmer No. 4703

P. O. Address Jipton, Mo.

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.