

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1968

Registration District No. _____ Primary Registration District No. _____ Registry No. **1659** STATE FILE NUMBER **60-008753**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 1 Da.		c. CITY OR TOWN Rural		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) near Potosi, Mo.		
3. NAME OF DECEASED (Type or print) First Emma Middle Rabey Last				4. DATE OF DEATH Month Feb Day 12 Year 1960				
5. SEX F.		6. COLOR OR RACE W.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 24, 1872		
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Charles Rabey Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. none		17. INFORMANT L. Tourville #2 Oak Wood		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) Subdural Hemorrhage DUE TO (b) Compound Fractured Ribs causing a large hemorrhage DUE TO (c) falling down							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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but unrelated to the terminal disease condition given in PART I (a) apparently driven by one of hand								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) fell off a passengey car out of the road at State Hwy #8 and Potosi Rd near Potosi Mo at 930 PM JAN 31 60				
20c. TIME OF INJURY Hour 930 p.m. Month, Day, Year 1 31 60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 65 Hwy		20f. CITY, TOWN, OR LOCATION near Potosi Mo		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 920 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
21a. SIGNATURE Paul Simon (Degree or title) Deputy Coroner				21b. ADDRESS 1300 Clark		21c. DATE SIGNED 2/13/60		
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE Feb 13, 60		22c. NAME OF CEMETERY OR CREMATORY Burgess Cemetery		22d. LOCATION (City, town, or county) (State) Antonia, Mo.		
24. FUNERAL DIRECTOR Heiligtag--Imperial, Mo.				25. DATE RECD. BY LOCAL REG. FEB 13 1960		26. REGISTRAR'S SIGNATURE Lead Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Elmer H. Hightag

Licensed Embalmer No. 3571

P. O. Address Impressia

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.