

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011668

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 27

FILED APR 2 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>PLATTIN</b>		c. CITY OR TOWN <b>BARNHART</b>	
Length of stay in b. <b>TRAVEL</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) <b>ACCIDENT ON 61 HIGHWAY</b>		d. STREET ADDRESS (If outside, give location) <b>MAIN ST BARNHART</b>	
3. NAME OF DECEASED (Type or print) First <b>Walter P.</b> Middle <b>R.</b> Last <b>Raebel.</b>		4. DATE OF DEATH Month <b>MAR</b> Day <b>26</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 2 1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN SLIGO IRON</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SLIGO IRON CO</b>	11. BIRTHPLACE (City and state or country) <b>ANTONIA MO</b>
13a. FATHER'S NAME <b>RUDOLPH RAEBEL</b>		13b. MOTHER'S MAIDEN NAME <b>EDITH PAUL</b>	14. NAME OF HUSBAND OR WIFE <b>PEARL RAEBEL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT 5 <b>PEARL RAEBEL BARNHART MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Fractures &amp; Internal Injuries</b>			INTERVAL BETWEEN ONSET AND DEATH <b>---</b>
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <b>Head-on Auto Accident -</b>	
20c. TIME OF INJURY Hour <b>6:50</b> a.m. <b>3-26-62</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Highway -</b>		20f. CITY, TOWN, OR LOCATION <b>Plattin Twp. Jeff. MO.</b>	
21. I attended the deceased from <b>Coroner's View</b> and last saw <sup>her</sup> him alive on _____ Death occurred at <b>6:50 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>James A. Palmer M.D. Coroner</i>		22b. ADDRESS <i>Festus MO.</i>	
22c. DATE SIGNED <i>3/26/62</i>		22d. LOCATION (City, town, or county) <i>(State)</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAR 28 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH CEMETERY</b>	23d. LOCATION (City, town, or county) <b>KIMMSWICK MO</b>
24. FUNERAL DIRECTOR <b>HELLIGTAG IMPERIAL MO</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 27-1962</b>	26. REGISTRAR'S SIGNATURE <i>Marie Harris</i>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 15 1963

APR 6 1962

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 Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial MA

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.