

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029559

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2066

FILED JUL 31 1962

VS 300  
Rev. 4/59

14003

20500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF,

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>ST LOUIS</b>		a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KIRKWOOD</b>		c. CITY OR TOWN <b>ROCK TOWNSHIP</b>	
Length of stay in lb <b>5 WKS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH</b>		d. STREET ADDRESS (If outside, give location) <b>HIGHWAY M IMPERIAL MO</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>FERDINAND</b> Middle <b>W.</b> Last <b>RAEBEL</b>		Month <b>JULY</b> Day <b>12</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 1883</b>
9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER &amp; INSURANCE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INSURANCE</b>	
11. BIRTHPLACE (City and state or country) <b>IMPERIAL MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>FERDINAND W. RAEBEL Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>MINNIE LUEBKE</b>	
14. NAME OF HUSBAND OR WIFE <b>BERNICE NEE STITIS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>BERNICE RAEBEL IMPERIAL MO</b>	
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:		<b>6 weeks</b>	
IMMEDIATE CAUSE (a) <b>Metastatic Adenocarcinoma Developed</b>		<b>3 months</b>	
DUE TO (b) <b>Adenocarcinoma of large bowel.</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 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 a.m. p.m. Month, Day, Year			
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 <b>6/4/62</b> to <b>7/12/62</b> and last saw her alive on <b>7/12/62</b>			
Death occurred at <b>6 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Charles Burnside M.D.</b>		22b. ADDRESS <b>206 W. Agnew Rd. Imperial 22</b>	22c. DATE SIGNED <b>7/13/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JULY 13 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BURGESS CEMETERY</b>	23d. LOCATION (City, town, or county) <b>ANTONIA MO</b>
24. FUNERAL DIRECTOR <b>HEILIGTAG IMPERIAL MO</b>		25. DATE RECD. BY LOCAL REG. <b>7-13-62</b>	26. REGISTRAR'S SIGNATURE <b>J. B. Murphy M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 27 1962  
AUG 28 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 A. Hurling*

Licensed Embalmer No.

3571

P. O. Address

*Imperial MD*

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.