MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-047653
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 2942 Registrar's No. 117

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

B621

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED JAN 3 1963

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FREDERICKTOWN — Length of stay in 1b: 4 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MADISON Co. MEMORIAL HOSP. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: MADISON
c. CITY OR TOWN: MILL CREEK — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: IDA Middle: MAY Last: REHKOP

4. DATE OF DEATH: Month: DEC. Day: 23 Year: 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 9-5-1878

9. AGE (last birthday): 84

IF UNDER 1 YEAR: Months 3 Days 18 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): MADISON COUNTY MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLARD D. CROOK

13b. MOTHER'S MAIDEN NAME: MARTHA J. BROTHERTON

14. NAME OF HUSBAND OR WIFE: THOMAS P. REHKOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: CECIL REHKOP, Address: 3433a HUMPHERY, ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma rt ear, terminal — 2 yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 11/16/62 to 12/22/62 and last saw ~~him~~ her alive on 12/22/62
Death occurred at 845 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M Brooman (Degree or title) MD

22b. ADDRESS: Fredericktown Mo

22c. DATE SIGNED: 12/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 12-25-62

23c. NAME OF CEMETERY ~~OR CREMATORY~~: MARCUS MEMORIAL PARK

23d. LOCATION (City, town, or county) (State): MADISON COUNTY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: SAM NAJIM, JR., FREDERICKTOWN, MO.

25. DATE RECD. BY LOCAL REG.: 12-27-1962

26. REGISTRAR'S SIGNATURE: Florence Nicks

(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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 508 Saline
Fredericktown 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.