

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>260</u>		PRIMARY REG. DIST. NO. <u>5884</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highway # 63</u>		c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RichFountain Rural</u>		76			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>hospital in ambulance enroute to St. Martin's</u>				d. STREET ADDRESS (If rural, give location) <u>Washington twp R.F.D.</u>				9	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Stephen</u>		c. (Last) <u>Rehagen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-26-1875</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Westphalia Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Rehagen</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Schalen</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Brenneke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Krieg</u>				ADDRESS <u>RichFountain Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>9201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Clude Morton - Coroner</u>				(Degree or title) <u>3</u>		23b. ADDRESS <u>Linn Mo</u>		23c. DATE SIGNED <u>7/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RichFountain</u>		24d. LOCATION (City, town, or county) (State) <u>RichFountain Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-15-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. H. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clude Morton</u>		ADDRESS <u>Linn Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File No. _____

District Health Officer _____

RECEIVED JUL 19 1949

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 _____
Student Embalmer

Signed Vernon M. Mostain

Licensed Embalmer No. 4125

P. O. Address Leun 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 this body is not embalmed, fact should be so stated above.