

FILED APR 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15270

020

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

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6137</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby - Black Creek</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Black Creek</u>		c. LENGTH OF STAY (in this place) <u>70 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Black Creek</u>		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHARINE</u> b. (Middle) <u>SEIDNER</u> c. (Last) <u>PATHJEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-27-1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan-19-1871</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>August Keller</u>		13b. MOTHER'S MAIDEN NAME <u>Sent Tamm</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Rathjen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Rathjen, Shelbyville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 <u>January 1949</u> , to <u>March 26, 1951</u> , that I last saw the deceased alive on <u>March 26, 1951</u> , and that death occurred at <u>13:00 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. J. Baerchler M.D.</u>				23b. ADDRESS <u>Shelbyville, Mo</u>		23c. DATE SIGNED <u>4/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 29-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville, Mo. Shelby County</u>			
DATE REC'D BY LOCAL REG. <u>Apr 12-51</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>			419	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u>		ADDRESS <u>Shelbyville Mo.</u>

Date Received: APR 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-72-
Date Filed: APR 16 1951

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 _____

..... *Myself* Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville 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.