

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4518

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN 0361</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>324 N BELL</b>		d. STREET ADDRESS (If rural, give location) <b>324 N. BELL</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HENRY</b>	b. (Middle) <b>—</b>	c. (Last) <b>RETH MEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 13 1952</b>
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5. SEX <b>U</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>JAN. 17, 1864</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>26</b>	IF UNDER 6 HRS. Hours <b>—</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Law</b>	11. BIRTHPLACE (State or foreign country) <b>OWENSVILLE, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>ANTON RETHMEYER</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISE ?</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA ELIZABETH Rethmeyer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Cecilia Cox Sullivan, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>years</b> <b>days</b> <b>years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			

19a. DATE OF OPERATION <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>

22. I hereby certify that I attended the deceased from **Feb 4, 1952 to Feb 13, 1952**, that I last saw the deceased alive on **Feb 13, 1952**, and that death occurred at **5:0 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. F. Anderson M.D.</b>	23b. ADDRESS <b>Sullivan, Mo.</b>	23c. DATE SIGNED <b>2/14/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 15, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	24d. LOCATION (City, town, or county) (State) <b>SULLIVAN MO</b>
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DATE REC'D BY LOCAL REG. <b>2-15-52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature], Sullivan, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED FEB 19 1952

**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.....

*Edgar W. Caffow*

Licensed Embalmer No. *3394*

P. O. Address *Sullivan, 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.