

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 11 1952

BIRTH NO. ... REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 4404 Registrar's No. 23

S. No. 300
v. 10-48

0790
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Altenburg Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Altenburg Mo.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) J	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Amalia	c. (Last) Rodewald	4. DATE OF DEATH (Month) (Day) (Year) March 16 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 10 1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Altenburg Mo. Perry Co.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jacob Seibel	13b. MOTHER'S MAIDEN NAME Caroline Rabolt	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edgar Buck Altenburg Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 7 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.-- DUE TO (b) Atherosclerosis General		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 21, 1951, to March 16, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE Theodore Fischer M. H.	23b. ADDRESS Altenburg, Mo.	23c. DATE SIGNED 3-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 18 1952	24c. NAME OF CEMETERY OR CREMATORY Trinity Cemetery	24d. LOCATION (City, town, or county) (State) Altenburg Mo.
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DATE REC'D BY LOCAL REG. Mar 18-52	REGISTRAR'S SIGNATURE Jose J. Zellner	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo	ADDRESS
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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 *E. M. D. Young*

Licensed Embalmer No. 2138

P. O. Address *Rocky Hill, 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.