

SEP 2- 1952

STANDARD CERTIFICATE OF DEATH

28647
State File No.

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4280 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>State City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>State City Mo</u>	
c. LENGTH OF STAY (in this place) <u>5 yr</u>		d. STREET ADDRESS (If rural, give location) <u>State city mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Martha</u>	b. (Middle) <u>Laphronia B</u>	c. (Last) <u>Rathmann</u>	<u>8-26-52</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>11-27-1899</u>		9. AGE (In years last birthday) <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Larscoe Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>---</u>					

13a. FATHER'S NAME <u>John T Burden</u>		13b. MOTHER'S MAIDEN NAME <u>Mena Plummer</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Rathmann</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 <u>Daniel Rathmann</u> ADDRESS <u>State city 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>57 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		
	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 <u>331X</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) _____	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 11 am, 1950, to 26 Aug, 1952, that I last saw the deceased alive on 24 Aug, 1952, and that death occurred at 6:10 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Loren Simmonds</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1001 Center</u>	23c. DATE SIGNED <u>27 Aug 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cem</u>	24d. LOCATION (City, town, or county) (State) <u>State city mo</u>
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DATE REC'D BY LOCAL REG. <u>8-30-52</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson Suss</u> ADDRESS <u>Saraxia mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Jarvisie 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.