

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37572**

FILED NOV 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 89

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>4 Wks</u>	c. CITY OR TOWN <u>Granby</u> <u>1952</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hosp</u>					
3. NAME OF DECEASED (Type or Print) <u>BLANCHE EMMALINE RATHIFF</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>10-17-1952</u>			4. DATE OF DEATH	(Month)	(Day)
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>5-6-1914</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Days <u>5</u> Hours <u>11</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	11. BIRTHPLACE (State or foreign country) <u>Granby Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John McNeely Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Carl Rathiff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-18-6449</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby McNeely</u> ADDRESS <u>Granby Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Parenchymatous Nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>		
ANTECEDENT CAUSES			DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) <u>591x</u>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Fibrosis Uterus</u>					
19a. DATE OF OPERATION <u>9-29-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fibrosis uteri</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) (Min.)		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>9-17-1952</u> to <u>10-17-1952</u> that I last saw the deceased alive on <u>10-17-1952</u> and that death occurred at <u>9:30</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>L. Ferguson M.D.</u> (Degree or title)			23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>10-18-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Granby Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-10-52</u>		REGISTRAR'S SIGNATURE <u>Oliver A. Warming</u>	465-7	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cleaver - Shearn</u> ADDRESS <u>Granby Mo</u>	

**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 \_\_\_\_\_

*Floyd Stenmark Jr.*

Student Embalmer No. *455*

working under my personal supervision.

Student *Floyd Stenmark Jr.*  
Student Embalmer

Signed *G E Brewer*

Licensed Embalmer No. *3584*

P. O. Address *Cassville, Ma*

**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.**