

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3727**

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. **356** PRIMARY REG. DIST. NO. **4021** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Texas 1070		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Fayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Houston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Delwein 8140	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Elanor c. (Last) Rathbun			4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 13, 1862	9. AGE (In years last birthday) 91	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fayette Co. Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John T. Burch		13b. MOTHER'S MAIDEN NAME Keziah Campbell		14. NAME OF HUSBAND OR WIFE Herbert R.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kizzie Rathbun - Houston, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility.			15 yrs.
	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 4500		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 **Oct 1, 1953**, to **Jan 11, 1954**, that I last saw the deceased alive on **Jan 10, 1954**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Kelly		23b. ADDRESS Houston Mo		23c. DATE SIGNED Jan 12 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-13-54		24c. NAME OF CEMETERY OR CREMATORY Otsego	
24d. LOCATION (City, town, or county) (State) Fayette Co. Iowa					

DATE REC'D BY LOCAL REG. Feb 2 - 54		REGISTRAR'S SIGNATURE Myrtle Craig -327-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliott Funeral Home Houston, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Frank E. Wood.....

Licensed Embalmer No. 4026

P. O. Address Houston, 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.