

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16845

State File No. _____

BIRTH NO. 313894 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton</u>		d. STREET ADDRESS (If rural, give location) <u>Resident of parents (above)</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>J. H. Bothwell Memorial Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vicki</u> b. (Middle) <u>Kay</u> c. (Last) <u>Rehmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 19, 1954</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours IF UNDER 12 HRS. Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Rudy Rehmer</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Bahner</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rudy Rehmer Smithton MO</u>	
				ADDRESS <u>Smithton MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 6 1/2 mos. gestation.</u>								
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) _____					
			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		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) <u>776 X</u>	
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 5-19, 1954, to 5-24, 1954, that I last saw the deceased alive on 5-24, 1954, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. V. Siegel MD</u>		(Degree or title)		23b. ADDRESS <u>Smithton, Missouri</u>		23c. DATE SIGNED <u>5-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bahner Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Pettis MO</u>		
DATE REC'D BY LOCAL REG. <u>5-26-54</u>		REGISTRAR'S SIGNATURE <u>Lavina Coons Deputy</u>		25. FUMERAL DIRECTOR'S SIGNATURE <u>A. F. Kemmerer</u>		ADDRESS <u>Smithton MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *A. F. Hammer*

Licensed Embalmer No. *2912*

P. O. Address *Smithton Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.