

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33218**
Registrar's No. **306**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 306	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Fulton		c. LENGTH OF STAY (If in this place) 24 Yrs		c. CITY OR TOWN Fulton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 Court St.				e. STREET ADDRESS (If rural, give location) 314 Court St. 01430			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Adam		c. (Last) Raithel		4. DATE OF DEATH (Month) (Day) (Year) Nov 2 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH April 23 1884	
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR 6 Months		11. UNDER 1 YEAR 10 Days		12. UNDER 1 YEAR 0 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Attendant		10b. KIND OF BUSINESS OR INDUSTRY State Hosp. # 1		11. BIRTHPLACE (City and State or Foreign Country) Cole Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Raithel		13b. MOTHER'S MAIDEN NAME Barbara Henry		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-34-3419		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil Raithel R.R.# 2 Jefferson City			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Alcoholism				many yrs.	
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) _____			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles J. Lanier M.D. Coroner, Fulton Mo.				23b. ADDRESS _____		23c. DATE SIGNED 11-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov-5-1954		24c. NAME OF CEMETERY OR CREMATORY Honey Creek Lutheran Church Cem.		24d. LOCATION (City, town, or county) (State) Honey Creek Mo	
DATE REC'D BY LOCAL REG. Nov-6-1954		REGISTRAR'S SIGNATURE Maretha Lawrence 4260		FUNERAL DIRECTOR'S SIGNATURE Wallace Lanier		ADDRESS Funeral Home Fulton Mo	

(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.....
Signature of Student Embalmer

Signed *Demil C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.