

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Jefferson City</u> )		c. LENGTH OF STAY (In this place) <u>74yrs</u>	c. CITY OR TOWN <u>Jefferson City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>330 East Ashley</u>		026/0	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>	b. (Middle) <u>William</u>	c. (Last) <u>Raithel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr-15-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
11a. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Raithel</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Grimm</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Raithel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O.W. Raithel, Jr. Jefferson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cholecystitis, acute + chronic, severe, with perforation into liver, duodenum + colon. Calculi</u>		<u>2 Mos.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hepatitis, chronic, focal</u>		<u>6 Mos.</u>	
DUE TO (c) <u>Severe</u>		<u>12 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Liver - Renal shock, due to above</u>		<u>585 X</u>	

19a. DATE OF OPERATION <u>11-23-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis, acute + chronic, severe, massive perforation into liver, duodenum, + colon (2) Hepatitis</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 11-20-1954, to 11-24-1954, that I last saw the deceased alive on 11-24-1954, and that death occurred at 12:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kendall A. Clark, M.D.</u>	23b. ADDRESS <u>4202. High St. Jefferson City, Mo</u>	23c. DATE SIGNED <u>11-29-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-27-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>		

DATE REC'D BY LOCAL REG <u>Nov 30 - 1954</u>	REGISTRAR'S SIGNATURE <u>R.O. Davis MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Jefferson City, Mo</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

MA 1954

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 *Joseph J. Gordon* Licensed Embalmer No. ....

P. O. Address *Jefferson City*

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.