

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5360 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY OR TOWN <u>Rural Harrison Twp.</u>	c. LENGTH OF STAY (in this place) <u>51 yrs</u>	c. CITY OR TOWN <u>Rural</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Mi. N. Breckenridge</u>		STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. N. Breckenridge Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Edith</u> b. (Middle) <u>-</u> c. (Last) <u>RABENBERG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 26-1881</u>
9. AGE (In years) <u>73</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>7</u> Min. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Galdwell Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Stephen Rabenberg</u>	13b. MOTHER'S MAIDEN NAME <u>Mary (unknown)</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Olmer Sharp Breckenridge, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Feul. Min.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>History of Extreme Hypertension</u>	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Found Body in yard of home</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>1 P.M. Nov. 12, 1955</u>	_____		
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>331X</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 <u>After Death</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>Nov. 10, 1955</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S.O. Dickerson, Deputy Coroner</u>		23b. ADDRESS <u>Gallatin Mo.</u>	23c. DATE SIGNED <u>11-12-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thoswell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-21-55</u>	REGISTRAR'S SIGNATURE <u>Vigencia Engelbert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MEAD FUNERAL SERVICE</u>	ADDRESS <u>Breckenridge, Mo.</u>

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 *Bernard F. Mead*

Licensed Embalmer No. *280*
P. O. Address *Braymer,*

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.