

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8024

State File No. ....

FILED APR 9 - 1956

BIRTH NO. .... REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Cole Camp	c. LENGTH OF STAY (in this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print) John	a. (First)	b. (Middle) -----	c. (Last) Rathjen	4. DATE OF DEATH Mar 31st 1956
--	------------	-------------------	-------------------	--------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15th 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
-------------	------------------------	--	---------------------------------	------------------------------------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	-------------------------------------

13a. FATHER'S NAME Henry Rathjen	13b. MOTHER'S MAIDEN NAME Anna Weinberg	14. NAME OF HUSBAND OR WIFE Marie Rathjen
----------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Rathjen	ADDRESS Cole Camp 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, asthma, 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* (a) <i>Cerebrovascular accident</i>		
	ANTECEDENT CAUSES Morbidity 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.			

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) (Min)	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 January, 1956, to 31 March, 1956, that I last saw the deceased alive on 27 March, 1956, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Donald C. Patten, M.D.</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Sedalia, Mo</i>	23c. DATE SIGNED <i>2 April 1956</i>
--	-------------------------------	---------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 3rd 1956	24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	24d. LOCATION (City, town, or county) (State) Cole Camp Mo
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <i>Apr 8, 1956</i>	REGISTRAR'S SIGNATURE <i>E L Eickhoff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E L Eickhoff</i>	ADDRESS <i>Cole Camp Mo</i>
---	---	--	-----------------------------

(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 B L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.