

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27765**

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5884** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WESTPHALIA	c. LENGTH OF STAY (in this place) 34 Yrs	c. CITY OR TOWN WESTPHALIA, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0760	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) CONRAD	c. (Last) REHAGEN	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 17, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 10, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR (Month) (Day) 10 7	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) RICHFOUNTIAN, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CONRAD REHAGEN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE CECELIA BAX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. CECELDA REHAGEN	ADDRESS WESTPHALIA, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH INSTANT
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **ABOUT**, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> CORONER	23b. ADDRESS LINN, MISSOURI	23c. DATE SIGNED 8/19/56
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24a. BURIAL OR REMOVAL (Specify) Burial	24b. DATE 8/20/56	24c. NAME OF CEMETERY OR CREMATORY St. Joseph	24d. LOCATION (City, town, or county) (State) Westphalia, Mo.
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DATE REC'D BY LOCAL REG. Aug. 23-1956	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS J. C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 4 1958

SEP 2 1957

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.....
Lybster Pull

Licensed Embalmer No. 4321

P. O. Address *Jefferson*

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.