

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35250
STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. 8.3 Primary Registration District No. 4145 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Prairie Home, Mo.</u>		c. CITY OR TOWN <u>Prairie Home, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Prairie Home, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Prairie Home, Mo.</u>	

3. NAME OF DECEASED (Type or print) <u>Minnie</u>			4. DATE OF DEATH <u>October 13, 1957</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>Nov. 26, 1878</u>		
9. AGE (In years last birthday) <u>78</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13. FATHER'S NAME <u>Henry Rethemeyer</u>		
14. MOTHER'S MAIDEN NAME <u>Anna Marie Fleer</u>			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 <u>Hilda Adams--Houstonia, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition and Debilitation</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinomatosis</u>	<u>unknown</u>
	DUE TO (c) <u>Carcinoma of the Pancreas</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertension</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>5:00</u> Month <u>10</u> Day <u>13</u> Year <u>1957</u> a. m. <u>p. m.</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-14-56 to 10-13-57 and last saw her alive on 10-12-57
Death occurred at 5:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Young, D.O. 22b. ADDRESS Jamestown, Mo. 22c. DATE SIGNED 10-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct. 16, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Providence</u>	23d. LOCATION (City, town, or county) (State) <u>Near Prairie Home, Mo.</u>
24. FUNERAL DIRECTOR <u>C. Albert Hornbeck</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 16 - 57</u>	26. REGISTRAR'S SIGNATURE <u>Virginia T. Higgins</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0278

300
1-56

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OCT 28 1951

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 *C. Albert Hombeck*

Licensed Embalmer No. *271*

P. O. Addr. *Beauregard*

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.