

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029883

STATE FILE NUMBER

FILED SEP 2 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

343

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. GILLESPIE FUNERAL HOME

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Sedalia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1021 W. 16th St.</b>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>1021 W. 16th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>AUGUST C. REHMER</b>				4. DATE OF DEATH Month Day Year <b>Aug. 22, 1958</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 17, 1958</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		9. AGE (In years last birthday) <b>72</b>		11. BIRTHPLACE (City and state or country) <b>0</b>	
13a. FATHER'S NAME <b>John Rehmer</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Kock</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		14. NAME OF HUSBAND OR WIFE <b>Fannie Rehmer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-10-2978</b>		17. INFORMANT Address <b>Mrs. Fannie Rehmer, 1021 W. 16th, Sedalia</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of stomach</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						<b>151 X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 <b>June 20, 1958</b> and last saw him alive on <b>Aug 22, 1958</b> Death occurred at <b>Aug 22, 1958 11:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>John E. Harry M.D.</b>				22b. ADDRESS <b>1609 South Summit Sedalia Mo</b>		22c. DATE SIGNED <b>8/25/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 25, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Florence, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>D. W. Heckart, Sedalia, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>August 25 1958</b>		26. REGISTRAR'S SIGNATURE <b>Francis Shelby</b>	

**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 *W. Hebert* .....

Licensed Embalmer No. 3470 .....

P. O. Address Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.