

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004837
STATE FILE NUMBER

FILED FEB 26 1959

Registration District No. 767 Primary Registration District No. 5259 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Christian County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bruner, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bruner Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bruner, Mo		Length of stay in 1b 70yrs	d. STREET ADDRESS (If outside, give location) Bruner Mo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Leonard Joel Rathbun			4. DATE OF DEATH Month Day Year Feb. 12, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1867,	9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Erie Co, Penn		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME James Rathbun		13b. MOTHER'S MAIDEN NAME Francis Loveland		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address Frank Rathbun, Bruner, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis; recurrent original attack 2 Apr 1958 - postural coronary thrombosis & pulmonary edema. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) Arteriosclerosis, very severe					INTERVAL BETWEEN ONSET AND DEATH See above
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					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 2 Apr 1958 to 20 Dec 58 and last saw ^{him} alive on 20 Dec 58 Death occurred at 10:40 ^A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. D. Royer M.D. (Degree or title)			22b. ADDRESS Ozark, Mo		22c. DATE SIGNED 18 Feb 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb, 17, 1959	23c. NAME OF CEMETERY OR CREMATORY Bruner Cemetry		23d. LOCATION (City, town, or county) (State) Christian Mo
24. FUNERAL DIRECTOR T. B. Chaffin		ADDRESS Ozark, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 2/59	26. REGISTRAR'S SIGNATURE Nannie Day.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address... *Ozark 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.