

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1959

59-036755

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 5034 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u>		Length of stay in 1b <u>13 years</u>	c. CITY OR TOWN <u>Higginsville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>503 N. 22nd St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>503 N. 22nd St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>O.</u> Last <u>Rechtermann</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 11, 1877</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (City and state or country) <u>Mayview, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry Rechtermann</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Kropf</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lena Rechtermann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-44-6227</u>	17. INFORMANT Address <u>Mrs. Lena Rechtermann</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>Spontaneous cell carcinoma of pharynx</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 12/58 to 10/10/59 and last saw him alive on 10/10/59  
Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John S. Best, M.D.</u>	22b. ADDRESS <u>Higginsville, Mo.</u>	22c. DATE SIGNED <u>10/12/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 11, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical + Reformed</u>	23d. LOCATION (City, town, or county) (State) <u>Mayview Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Miegers-Rex Ho? Higginsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 14 - 1959</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 25 1967

MAY 18 1967

JAN 11 1967

VS JAN 6 1967

**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 Forest Reekhoff

Licensed Embalmer No. 4284

P. O. Address Weymouth, Ma

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.