MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-027717

STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: STOVER — Length of stay in 1b: 8 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2ND. OAK ST. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MORGAN
c. CITY OR TOWN: STOVER — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 2ND. OAK ST. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First EMIL Middle PAUL Last REHMER

4. DATE OF DEATH: Month July Day 5 Year 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: FEB. 13 1885
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): PETTIS COUNTY MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: FRED REHMER
13b. MOTHER'S MAIDEN NAME: KATHRYN WIECKEN
14. NAME OF HUSBAND OR WIFE: LULU REHMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: LULU REHMER Address: STOVER, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery Occlusion — Minutes
DUE TO (c): Arteriosclerosis — Years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956 to 1960 and last saw her/him alive on 7/3/60
Death occurred at 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Howard L. Jaffe (Degree or title) D.O
22b. ADDRESS: Stover, MO
22c. DATE SIGNED: 7/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: July 7 1960
23c. NAME OF CEMETERY OR CREMATORY: FLORENCE CEMETERY
23d. LOCATION (City, town, or county) (State): MORGAN COUNTY MO

24. FUNERAL DIRECTOR: J. L. Levinson
ADDRESS: Stover MO
25. DATE RECD. BY LOCAL REG.: 7/15/1960
26. REGISTRAR'S SIGNATURE: Sam L. Rippenger

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____ Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. L. Stevinson

Signature of Student Embalmer

Licensed Embalmer No. 407

P. O. Address Stover

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.