

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**61-020896**

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 7193 Registrar's No. 31

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

**FILED JUN 23 1961**

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hermann</b>		Length of stay in 1b <b>6 yrs</b>	c. CITY OR TOWN <b>Hermann</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>209 Schiller St</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>209 Schiller St</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>KATHERINE</b> Last <b>RETHEMEYER</b>			4. DATE OF DEATH Month <b>June</b> Day <b>16</b> Year <b>1961</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cau.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/20/1882</b>
9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b>	11. BIRTHPLACE (City and state or country) <b>Senate Grove, Mo</b>
12. CITIZEN OF WHAT COUNTRY <b>US</b>		13a. FATHER'S NAME <b>George Walz</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Koenig</b>
14. NAME OF HUSBAND OR WIFE <b>Hy Rethemeyer</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>	17. INFORMANT Address <b>Geo. Rethemeyer, Hermann, Mo</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>Acute cardiac failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic cardiac failure</b>			<b>15 yrs.</b>
DUE TO (c) <b>Chronic arteriosclerotic hypertensive heart disease</b>			
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
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 _____
21. I attended the deceased from <b>10/24/60</b> to <b>6/16/61</b> and last saw her/him alive on <b>6/12/61</b> Death occurred at <b>3:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. L. Jeter, M.D.</b>		22b. ADDRESS <b>Hermann, Mo</b>	22c. DATE SIGNED <b>6/14/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/19.61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. James Cemetery</b>	23d. LOCATION (City, town, or county) <b>Stony Hill, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Herman Blumer Inc Hermann, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-19-61</b>	26. REGISTRAR'S SIGNATURE <b>Delena Uffelmann</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 ORVAL GRONER Student Embalmer No. 641

working under my personal supervision.

Student: Orval Groner  
Signature of Student Embalmer

Signed August B. Brown

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.