

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000851

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 58

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH FEB 13 1963
 a. COUNTY Cole
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in: 1b 17 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mo's Capital Ave. Rest Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cole
 c. CITY OR TOWN Jefferson City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 227 W. Ashley Reside on Farm Yes No
 3. NAME OF DECEASED First Middle Last
Margaretha None Raithel
 4. DATE OF DEATH Month Day Year
February 9, 1963
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-10-1875 9. AGE (last birthday) 87 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Cole County, Missouri 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME John Kiesling 13b. MOTHER'S MAIDEN NAME Barbara Koehler 14. NAME OF HUSBAND OR WIFE William Paul Raithel
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No 16. SOCIAL SECURITY NO. [] 17. INFORMANT George Raithel, Jefferson City, Mo Address []
 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) mesulley failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage
 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. 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 2/7/63 to 2/9/63 and last saw her alive on 2/8/63
 Death occurred at 4 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE L. E. Duffer (Degree or title) 22b. ADDRESS Jefferson City 22c. DATE SIGNED 2/9/63 (State)
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-11-1963 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) Jefferson City, Missouri
 24. FUNERAL DIRECTOR Gideon N. Houser, Jefferson City, Mo. ADDRESS [] 25. DATE RECD. BY LOCAL REG. 9 Feb. 1963 26. REGISTRAR'S SIGNATURE R. Pharris, M.D. - Richter, Dep.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, 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.