

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031584

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 398

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0168  
2 0168  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cape</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
Length of stay in 1b <b>60 yr.</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>Southeast Hospital</b>		d. STREET ADDRESS <b>45 N Benton</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Emma Barbara Raetz</b>		4. DATE OF DEATH Month Day Year <b>Sept 3 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>Oct 21 1880</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>International Shoe Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Making Shoes</b>	11. BIRTHPLACE (City and state or country) <b>Egypt Mills Mo. U.S.A</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13a. FATHER'S NAME <b>John Keeppel</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Raetz (Dead)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>no no</b>		16. SOCIAL SECURITY NO. <b></b>	
17. INFORMANT <b>Nincent Roth Cape Girardeau Mo</b>		Address <b></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>Shock associated with strangulated inguinal hernia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs. &amp; indefinite</b>
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			II
DUE TO (c) <b>Generalized Arteriosclerosis</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 checked="" 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: <b></b> Minute: <b></b> Day: <b></b> Year: <b></b> a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <b>8/30/63</b> to <b>9/3/63</b> and last saw her <sup>her</sup> <sub>best</sub> alive on <b>9/3/63</b> Death occurred at <b>11:48 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. R. Cochran MD</b>		22b. ADDRESS <b>24 North Sprigg St. Cape Girardeau, Missouri</b>	22c. DATE SIGNED <b>9/3/63</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-6-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>
24. FUNERAL DIRECTOR <b>Brinkopf Howell Cape Gir Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 5, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Gren Kasten</b>

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

*Neil H. Grancher*

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau 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.