

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola (Rural) town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Farm Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 9 months
years, months or days)

3. (a) PRINT FULL NAME Fayette Rash

3. (b) If veteran, name war No 3. (c) Social Security No. 499-16-2645

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julia Rash 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 14 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>23</u>	hr. min.

9. Birthplace Camden County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Dan Rash

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Julia Smith
(City, town, or county) (State or foreign country)

15. Birthplace Barry County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Rash

(b) Address Collins Missouri

17. (a) ~~Burial~~ (b) Date thereof 6/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Osceola Cemetery

18. (a) Signature of funeral director F.B. Goodrich

(b) Address Osceola Missouri

19. (a) 7-27-48 (b) Fayette Rash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from 6-4 1948 to 6-7 1948; that I last saw him alive on 6-7 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Coronary Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations OK
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature T.H. J. Taylor, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 6/8/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
3
9
7823

RECEIVED

District Health Officer No. 7,

District File Number 6-48-857

Date Filed 7-29-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 7338

P. O. Address Chicago Ill

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 this body is not embalmed, fact should be so stated above.