

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2198

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON (RURAL) 0940	
c. LENGTH OF STAY (in this place) 75 YRS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) MITCHEAL c. (Last) RABY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 21, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 20, 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 1 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. FRANCOIS CO., MISSOURI	
			12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME ANDREW M. RABY		13b. MOTHER'S MAIDEN NAME MARTHA BAKER		14. NAME OF HUSBAND OR WIFE MARY JANE SKAGGS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDGAR RABY DOE RUN, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 1 yr. DUE TO (c) Generalized arteriosclerosis 10 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 600X			

19a. DATE OF OPERATION Sept. 1949		19b. MAJOR FINDINGS OF OPERATION Benign hypertrophy of prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July, 1948**, to **Jan 21, 1950**, that I last saw the deceased alive on **Jan 20, 1950**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George L. Whitman M.D.		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 1-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/23/50		24c. NAME OF CEMETERY OR CREMATORY IOOF	
		24d. LOCATION (City, town, or county) (State) DOE RUN, MISSOURI			

DATE REC'D BY LOCAL REG. Jan. 24, 1950		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home Farmington, Mo.	
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(Licensed Embalmers' Statement on Reverse Side)

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

40

RECEIVED

JAN 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-149

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
Student Embalmer

Signed Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Hampton 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 this body is not embalmed, fact should be so stated above.