

FILED JUN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20596**BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **228**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (In this place) 51 Years		d. STREET ADDRESS (If rural, give location) 1115 West Truman Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1115 West Truman Road			

3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK b. (Middle) WILLIAM c. (Last) AUGUSTUS			4. DATE OF DEATH June 6, 1950 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR 7 MONTHS 13 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body & Top Repair		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) Forestville, Michigan	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hartman Rauh		13b. MOTHER'S MAIDEN NAME Fredericka Graves	
14. NAME OF HUSBAND OR WIFE Mary Rauh		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 Mrs. Mary Rauh, Independence, Mo.		ADDRESS			

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Arterial Hypertension?			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy & Obstruction			
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Independence, Mo. X X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from Apr. 19, 1950 , to June 6, 1950 , that I last saw the deceased alive on June 5, 1950 and that death occurred at 8:25A m. , from the causes and on the date stated above.					
23a. SIGNATURE Chas. F. Grosbake, M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 6/6/50	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial IV		24b. DATE 6/9/50		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Jackson County, Missouri		DATE REC'D BY LOCAL REG. June 8-19 50		REGISTRAR'S SIGNATURE J. M. Speaks	
25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks		ADDRESS Independence, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.