

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

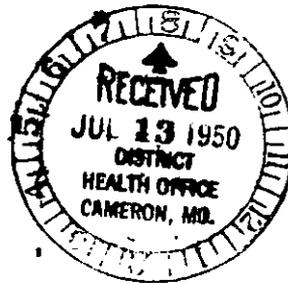
State File No. **30127**

BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 3021	Registrar's No. 73
1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) Prenton		c. CITY (If outside corporate limits, write RURAL and give township) Prenton 06402		
c. LENGTH OF STAY (If this place)		d. STREET ADDRESS (If rural, give location) Elk Hotel		
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital				
3. NAME OF DECEASED a. (First) ALBERT		b. (Middle) A.		c. (Last) RAHLS
4. DATE OF DEATH (Month) (Day) (Year) May 18 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH Oct 25, 1871
9. AGE (In years last birthday) 78		If UNDER 1 YEAR Months 6		If UNDER 24 HRS. Days 23 Hours 23 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Men		10b. KIND OF BUSINESS OR INDUSTRY Lodge		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Charles Ralls		13b. MOTHER'S MAIDEN NAME Nancy Cooke Ralls		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, file war or dates of service) 495-26-2693		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. M. Provis ADDRESS Prenton Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis 2 days INTERVAL BETWEEN ONSET AND DEATH 2 days ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Do not know DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4701		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 16th 1950 , to May 18th 1950 , that I last saw the deceased alive on May 18th 1950 , and that death occurred at 11:30 A.M. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Clarence D. Duffey M.D.		23b. ADDRESS Prenton Mo.		23c. DATE SIGNED May 20 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20/1950		24c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery
24d. LOCATION (City, town, or county) (State) 7. Mts. N. Salt. Mo.				
DATE REC'D BY LOCAL REG. May 20, 1950		REGISTRAR'S SIGNATURE Brene Fair 115		25. FUNERAL DIRECTOR'S SIGNATURE Chas. N. Simpson ADDRESS Prenton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

102
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Donald H. Slater

Signed.....
Student Embalmer

Licensed Embalmer No. 4467

P. O. Address Wentons, 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.