

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15521

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Barry Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> <u>00510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1200 E. Cale</u>		d. STREET ADDRESS (If rural, give location) <u>1200 E. Cale</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>OTTO</u> c. (Last) <u>RAUCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 4 - 1886</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer for 7 years</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer for 7 years</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road Engineer</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Peter Rauch</u>	
13b. MOTHER'S MAIDEN NAME <u>Carolin Winters</u>		13c. NAME OF HUSBAND OR WIFE <u>Marvin Ida Rauch</u>	
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. <u>702-07-2235</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James + Milton Rauch Monett, Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atrophic Arthritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	
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) (m.)		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 <u>4-28</u> , 19 <u>51</u> , to <u>5-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-13</u> , 19 <u>51</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. L. Edwards M.D.</u>		23b. ADDRESS <u>Monett, Mo</u>	
23c. DATE SIGNED <u>5-16-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett Lawrence - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. P. Buchanan Monett Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-16-51</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>	

0051

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 25 1951

Dist. File 557-9185

Date Filed 2-23-51

1951
JUN 2

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 J. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address North Me

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.