

FILED MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17283

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>38</u> Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		<u>0672</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 402 N. Heggie St.</u>				d. STREET ADDRESS (If rural, give location) <u>402 N. Heggie St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Marion</u> c. (Last) <u>Rajotte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 9, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 3, 1887</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Refinisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Upholsterer</u>		11. BIRTHPLACE (State or foreign country) <u>Pembroke, Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Rajotte</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Marion</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>448-01-3895</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Atkins, Charleston, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>four hours</u> <u>DK</u>	
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION _____					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 <u>on 5/9, 1952</u> , to _____, 19____, that I last saw the deceased alive on <u>5/9, 1952</u> , and that death occurred at <u>9:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Olive Kelsey</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Charleston, Mo.</u>		23c. DATE SIGNED <u>5/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5/26/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ann Liza Koch</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Edward C. ...</u>		ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>	

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

MAY 22 1952

RECEIVED

Miss. Co: Health Dept

County File No. _____

Date Filed 5-26-52

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 Edward E. Kimmel

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.