S. No. 300
v. 10.48

TIL U SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32534

State File No.

BIRTH NO. 62796 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 85

1821
0

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana
c. LENGTH OF STAY (In this place) 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY PIKE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOWLING GREEN 0820
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) GARY
b. (Middle) —
c. (Last) Raufer

4. DATE OF DEATH (Month) (Day) (Year) 9-10-52

5. SEX Male 0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH 9-10-52

9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours 4 | Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Louisiana, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Jerry Raufer

13b. MOTHER'S MAIDEN NAME Joan Privett

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) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Hospital Record — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Respiratory Depression — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Prematurity (26 wks gestation)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7605

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1952, *to* 9-10, 1952, *that I last saw the deceased alive on* 9-10, 1952, *and that death occurred at* 5:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE L R Salmon Jr (Degree or title) MD

23b. ADDRESS Louisiana, Mo

23c. DATE SIGNED 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-11-52

24c. NAME OF CEMETERY OR CREMATORY Bowling Green

24d. LOCATION (City, town, or county) Bowling Green (State) Mo

DATE REC'D BY LOCAL REG. Sept 16, 1952

REGISTRAR'S SIGNATURE Bernice Collier

25. FUNERAL DIRECTOR'S SIGNATURE Grace Barkhead

ADDRESS Bowling Green 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.....

working under my personal supervision.

Student Embalmer No.....

Signed Harold C. Kirk

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.