

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18734

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo. Rural, Richmond</u>	
c. LENGTH OF STAY (In this place) <u>20 months</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u> <u>0450</u> <u>TWP</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>403 Watts Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Railsbach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/27/1874</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Howard County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>David Railsbach</u>		13b. MOTHER'S MAIDEN NAME <u>Cothince Markland</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Cooper</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W. E. Railsbach Fayette, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>5 yr.</u> <u>12 yrs'</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>		
	DUE TO (c) <u>Malignancy of colon</u>		
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 <u>4222 H</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)	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 Jan. 1939, to June 9, 1954, that I last saw the deceased alive on June 9, 1954, and that death occurred at 7:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. Shaw M.D.</u> (Degree or title)	23b. ADDRESS <u>Fayette, Mo.</u>	23c. DATE SIGNED <u>6-16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/11/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>

DATE REC'D BY LOCAL REG. <u>6-16-54</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> <u>436</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Carr Fayette, Mo.</u>
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(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.

Signed.....

Ralph A. Case

Signed.....
Student Embalmer

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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 licensè.)

If this body is not embalmed, fact should be so stated above.