

FILED JAN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41591**

55

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

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Billings</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>24 Hours</u>		e. STREET ADDRESS (If rural, give location) <u>"Rural" Palk-Route #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1201 3rd Street</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>LEONARD</u> c. (Last) <u>RAUCH</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>June 5, 1892</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Billings MFA</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Billings, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Rauch</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hutter</u>	
14. NAME OF HUSBAND OR WIFE <u>Dora Perigen, Rauch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	
16. SOCIAL SECURITY NO. <u>487-10-5673</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Rauch, Rt. #2, Billings, Mo</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis, acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>See yrs.</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>4200</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) (Min.)		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>4-15, 1953</u> to <u>12-26, 1954</u> , that I last saw the deceased alive on <u>12-26, 1954</u> and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>Springfield</u>	
23c. DATE SIGNED <u>12-27-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 2-'55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Evangelical</u>	
24d. LOCATION (City, town, or county) (State) <u>Billings, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Hlean Harris</u> ADDRESS <u>Clever, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-7-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. M. Cook</u> 483	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 155-175

DATE REC. 1-10-55

FEB 24 1955

JUL 17 1960

SEP 12 1955

MAY 27 1955

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.....
Signature of Student Embalmer

Signed..... *John Deane Harris*.....

Licensed Embalmer No. 4390

P. O. Address..... *Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.