

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8382

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1086

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 28 days

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

STREET ADDRESS (If rural, give location) 7911 Main Street 3948

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph b. (Middle) H. c. (Last) RAUSCH

4. DATE OF DEATH (Month) (Day) (Year) 3-9-55

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH March 28, 1884

9. AGE (In years last birthday) 70
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Carriage Marble

11. BIRTHPLACE (City and State or Foreign Country) Hanover, Kans.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Rausch

13b. MOTHER'S MAIDEN NAME Katy Luckenheimer

14. NAME OF HUSBAND OR WIFE Frances Rausch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 486-07-9057

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Rausch - 7911 Main - K.C. Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
DUE TO (b) Atherosclerotic Heart Disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days
5 years
42

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

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 Feb 25, 1955, to Mar 9, 1955, that I last saw the deceased alive on Mar 8, 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Marcus B. Bond (Degree or title) MD

23b. ADDRESS Kansas City Mo

23c. DATE SIGNED Mar 9, 55

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

24b. DATE 3/11/55

24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 3-10-55

REGISTRAR'S SIGNATURE neva minihall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ballouy - McVilly - Egan - K.C. Mo.

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 Ivan Miller, Student Embalmer No. 507 working under my personal supervision..

Student Ivan Miller
Signature of Student Embalmer

Signed Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K.C. 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.