

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37472

State File No. ....

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>MARQUAND MO</u>		c. CITY OR TOWN <u>MARQUAND</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>0620</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>- PINKNEY</u> c. (Last) <u>- RAULS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>3-24-1878</u>		9. AGE (In years last birthday) <u>77</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>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MARQUAND, MO</u>	
13a. FATHER'S NAME <u>P. U. RAULS</u>			13b. MOTHER'S MAIDEN NAME <u>HANNAH YOUNG</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LAURA Beshel MARQUAND - MO</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation</u>		DUE TO (b) _____			
DUE TO (c) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HICK</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 year, 19  , to   , 19  , that I last saw the deceased alive on Dec 12, 1955, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Clougherty M.D.</u> (Degree or title)		23b. ADDRESS <u>125 W. Main Fredericktown MO</u>		23c. DATE SIGNED <u>12-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/2/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tracy Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Marquand MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Homer Marquand</u>		ADDRESS <u>Marquand, MO</u>	

DATE REC'D BY LOCAL REG. Dec. 9-1955 REGISTRAR'S SIGNATURE Therence Dickson 187  
 DATE REC'D BY LOCAL REG. Dec. 9-1955 REGISTRAR'S SIGNATURE Ed. Homer Marquand ADDRESS Marquand, MO

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

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, D. C.

RECEIVED  
DEC 13 1955  
REGISTERED

FILE NO. 6225-56

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 *Raymond Wilson*

Licensed Embalmer No. 488

P. O. Address *Fredens*

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.