

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39960**

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 48

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| 1. PLACE OF DEATH a. COUNTY Christian | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian | |
| b. CITY (If outside corporate limits, write RURAL and give town) "Rural" Polk | | c. CITY OR TOWN Billings | 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) Life | | e. STREET ADDRESS (If rural, give location) Route #2, "Rural" POLK | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Rt.2, Billings | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) PHILLIP | b. (Middle) ALBERT | c. (Last) RAUCH | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1955 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 1, 1888 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Billings, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME George Rauch, Sr. | 13b. MOTHER'S MAIDEN NAME Elizabeth Hutter | 14. NAME OF HUSBAND OR WIFE Maude Yoachum |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Glenn Rauch, Rt.2, Billings, Mo. | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4201 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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 Jan. 7, 1952 to Dec. 5, 1955, that I last saw the deceased alive on Dec. 5, 1955, and that death occurred at 5:07p m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) P. W. Marshall, D.O. | 23b. ADDRESS Billings, Missouri. | 23c. DATE SIGNED Dec. 6/55 |
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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-8-1955 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Evangelical | 24d. LOCATION (City, town, or county) (State) Billings, Missouri |
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| DATE REC'D BY LOCAL REG. Dec. 16, 1955 | REGISTRAR'S SIGNATURE Olive Hutter 508 | 25. FUNERAL DIRECTOR'S SIGNATURE Glenn Harris | ADDRESS Clever, Mo. |
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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.:

Student.....
Signature of Student Embalmer

Signed.....
J. Jean Harris

Licensed Embalmer No. *4390*

P. O. Address.....
Cleveland, O.

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.