

Health, Welfare, Public Service

300 -56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5656

STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Clyde</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS (If outside, give location) <u>Benedictine Convent</u>	
Length of stay in lb <u>10 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Sister Mary Barbara Rau</u>			4. DATE OF DEATH <u>Feb. 8, 1957</u>		
First <u>Mary</u> Middle <u>Barbara</u> Last <u>Rau</u>			Month <u>Feb.</u> Day <u>8</u> Year <u>1957</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 12, 1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Benedictine Sister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Religion</u>	11. BIRTHPLACE (City and state or country) <u>California, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>Frank Joseph Rau</u>	14. MOTHER'S MAIDEN NAME <u>Anna Mary Smith</u>
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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 <u>Benedictine Convent of Perpetual Adoration</u>	Address <u>Clyde, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Post-operative shock -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>4 days</u> <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Internal fixation - intertrochanteric fracture, left femur</u>	
	DUE TO (c) <u>Accidental fall</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>45</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell on ramp -</u>	20c. TIME OF INJURY Hour <u>9:04 P</u> Month <u>11</u> Day <u>9</u> Year <u>1956</u> a. m. p. m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home - Convent</u>	20f. CITY, TOWN, OR LOCATION <u>Clyde</u> COUNTY <u>Nodaway</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>11-12-1956</u> to <u>2-14-57</u> and last saw her/him alive on <u>2-14-57</u> Death occurred at <u>11:40 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Maryville, Mo</u>	22c. DATE SIGNED <u>2/18/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 11, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Calvary</u>	23d. LOCATION (City, town, or county) (State) <u>Clyde, Nodaway County, Mo.</u>
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24. FUNERAL DIRECTOR <u>Johnson Funeral Home, Conception Jct., Mo.</u> ADDRESS <u>2-23 37</u>	25. DATE RECD. BY LOCAL REG. <u>2-23 37</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ross E. Johnson*

Licensed Embalmer No.: 494

P. O. Address Stanberry, ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.