

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32301

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1115 W. Truman</u>			Length of stay in 1b <u>38 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1115 W. Truman</u>				
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>W.</u> Last <u>Rauh</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>6</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 type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb-10-1881</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>76</u> Min.		9. AGE (In years last birthday) <u>76</u>		IF UNDER 24 HRS. Months <u>2</u> Days <u>2</u> Hours <u>76</u> Min.			
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10e. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and state or country) <u>Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Epheam W. Blough</u>				14. MOTHER'S MAIDEN NAME <u>Amelia Shrapnel</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ernest Rauh</u> Address					
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>metastatic carcinoma, generalized</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>carcinoma left breast</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>3 yrs</u>		
20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1954</u> to <u>9/6/57</u> and last saw her alive on <u>9/6/57</u> Death occurred at <u>1:50</u> p. m. on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) <u>James E. Lutz, M.D.</u>				22b. ADDRESS <u>10901 Winner Rd Independence, Mo</u>				22c. DATE SIGNED <u>9/7/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-9-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		23d. LOCATION (City, town or county) <u>Independence, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Robert A. Speaks - Indep. Mo</u> ADDRESS				25. DATE REC'D. BY LOCAL REG. <u>9-9-57</u>		26. REGISTRAR'S SIGNATURE <u>James Lutz</u>			

SEP 16 1957

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 Herman Miller*

Licensed Embalmer No. *720*

P. O. Address *Indy, Ind*

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.