

Dr. Health,
& Welfare
S. Public
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891

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026611

STATE FILE NUMBER

FILED JUL 29 1958

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 76

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Richmond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 516 N. Thornton		d. STREET ADDRESS (If outside, give location) 516 N. Thornton	
3. NAME OF DECEASED (Type or print) First RACHEL Middle DAMARIS Last ALMUTT		4. DATE OF DEATH Month July Day 22 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Knoxville, Mo.
13a. FATHER'S NAME Thomas J. Gorham		13b. MOTHER'S MAIDEN NAME Sarah Schooler	14. NAME OF HUSBAND OR WIFE Benjamin Almutt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address William N. Schooler, Richmond, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 April 1958 to July 23, 1958 and last saw her/him alive on July 22, 1958 Death occurred at 12:05 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas B. Gough, M.D.		22b. ADDRESS Richmond, Missouri	
22c. DATE SIGNED 7/22/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 24, 1958	
23c. NAME OF CEMETERY OR CREMATORY Sandals Cemetery		23d. LOCATION (City, town, or county) (State) Knoxville, Ray County, Mo.	
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 7-27-1958	
26. REGISTRAR'S SIGNATURE Mabel Jackson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 2 1958

RAY	Richmond	15 years	15 years	15 years	15 years
Female	White	None	None	None	None
Housewife	None	None	None	None	None
Thomas J. Gorman	Sarah Scholer	William V. Scholer, Richmond, Mo.	Benjamin Johnson	Benjamin Johnson	Benjamin Johnson
None	None	None	None	None	None

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, ~~as by~~, Student Embalmer No. working under my personal supervision.

Student Signed *Wm. L. Thurman*
 Signature of Student Embalmer

Licensed Embalmer No. 4563
 P. O. Address Richmond, 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.