

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014433

STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 282 Primary Registration District No. Registrar's No. 60

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Marion</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rural-Marion</u> 0840 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in the Home</u>		Length of stay in lb <u>6-mo</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Rhoda Margaret Raft</u>			4. DATE OF DEATH Month Day Year <u>May 4-1959</u>			
--	--	--	---	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 21, 1898</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewifery</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Jeff Case</u>	13b. MOTHER'S MAIDEN NAME <u>Shayle</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.	17. INFORMANT <u>Mr. E.P. Ballinger</u>	Address <u>Bolivar, Mo.</u>
--	-------------------------	--	--------------------------------

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28 days.</u>
DUE TO (b) <u>Atherosclerosis & Hypertension</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) <u>331X</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 Month, Day, Year 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 <u>3/30/59</u> to <u>4/25/59</u> and last saw her alive on <u>4/25/59</u> . Death occurred at <u>7:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>G.D. Smith, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Bolivar Mo</u>	22c. DATE SIGNED <u>5/5/59</u>
---	-------------------	-----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 7-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Polk Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Polk Co Mo</u>
---	------------------------------	--	--

24. FUNERAL DIRECTOR <u>Pitta funeral Home - Bol. Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>May 9, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordonper Jewell</u>
--	---------	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

330

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 *Sidney J. Pitte*

Licensed Embalmer No. *4939*

P. O. Address *Bolton, 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.