URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1960

-60-042643

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 41

NDED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Length of stay in 1b: 59 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi. SW of Higginsville — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Higginsville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) I mile north — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: William Middle: H. Last: Rabius
4. DATE OF DEATH Month: Dec. Day: 5 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: II-II-1889
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months 0 Days 24 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Mayview, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Herman Rabius
13b. MOTHER'S MAIDEN NAME: Fredericka Apwisch
14. NAME OF HUSBAND OR WIFE: Anna Tempel Rabius
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-40-6560
17. INFORMANT: Mrs. Anna Rabius Address: Higginsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Crushing chest injury — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Tractor overturned & pinned him under it in a creek
DUE TO (c) Found several hours after death

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tractor overturned on him.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 12-5-60
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
20f. CITY, TOWN, OR LOCATION Higginsville COUNTY Lafayette STATE Mo

21. I attended the deceased from After death, to ____ and last saw ~~him~~ alive on several years
Death occurred at During afternoon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Martin MD (Degree or title) Coroner
22b. ADDRESS Odessa Mo
22c. DATE SIGNED 12-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-8-1960
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Higginsville Mo.

24. FUNERAL DIRECTOR: Forrest A. Hoefer ADDRESS: Higginsville, Mo.
25. DATE RECD. BY LOCAL REG.: 12/12/1960
26. REGISTRAR'S SIGNATURE: Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 31 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forest R. Hoefer

Signature of Student Embalmer

Licensed Embalmer No. 480I

P. O. Address Higginsville, Mo

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