

STANDARD CERTIFICATE OF DEATH

State File No. **37318**

FILED NOV 28 1955

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. LENGTH OF STAY (in this place) 66 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		d. STREET ADDRESS (If rural, give location) 4th & St. Charles Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) W. c. (Last) Raber			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 19, 1870	
9. AGE (in years last birthday) 85		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (City and State or Foreign Country) Hickory County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Daniel Raber		13b. MOTHER'S MAIDEN NAME Susanna Noflinger		14. NAME OF HUSBAND OR WIFE Agnes Van Matre Raber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James Krockenberger, Holden, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension							
DUE TO (c) Fractured hip, 3 days							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Holden (COUNTY) Johnson (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 1, 1955 , to Nov 16, 1955 , that I last saw the deceased alive on 11-16-55 , 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. W. Moreland, M.D.				23b. ADDRESS Holden, Mo.		23c. DATE SIGNED 11-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-19-1955		24c. NAME OF CEMETERY OR CREMATORY Medford Cemetery		24d. LOCATION (City, town, or county) (State) Medford, Mo.	
DATE REC'D BY LOCAL REG. 11-21-55		REGISTRAR'S SIGNATURE Mrs. H. V. Redford		150- 25. FUNERAL DIRECTOR'S SIGNATURE E. B. CAST		ADDRESS HOLDEN MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100
48

RECEIVED
NOV 25 1955
RECEIVED
JOHNSON COUNTY HEALTH DEPT

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
Student Embalmer

Signed

E. B. Cast

Licensed Embalmer No. 4059

P. O. Address Holden, 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 this body is not embalmed, fact should be so stated above.