

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26181**  
Registrars No. **952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>(1)</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Highland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs &amp; Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2<sup>nd</sup></b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leigh</b> b. (Middle) _____ c. (Last) <b>Rau</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 30, 1949</b>		
5. SEX <b>male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 2, 1879</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Highland, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John L. Rau</b>	13b. MOTHER'S MAIDEN NAME <b>Cora Ann Logan</b>	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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Glenn L. Rau</b>	ADDRESS <b>St. Joseph, Mo.</b>
--	-------------------------------------	---	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>8:24</b> <b>25</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>un-determined internal injuries &amp; broken leg - Compound + Comminuted</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>car accident</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Shock</b>			

19a. DATE OF OPERATION <b>8.28.49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Amputation left leg, multiple plasma and transfusions</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	--

21a. ACCIDENT (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Doniphan Kansas</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 28 49</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by car while walking on highway</b>

22. I hereby certify that I attended the deceased from **8.28, 1949**, to **8.30, 1949**, that I last saw the deceased alive on **8-30, 1949**, and that death occurred at **7:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G. Grant M.D. (1)</b>	23b. ADDRESS <b>St. Joseph, MO.</b>	23c. DATE SIGNED <b>8.31.49</b>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>8.31/49</b>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <b>Highland, Kansas</b>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Sept 6, 1949</b>	REGISTRAR'S SIGNATURE <b>H. B. Jenkins</b> <b>382</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hester-Crowman</b> ADDRESS <b>St. Joseph, Mo.</b>
--	---	---

**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 \_\_\_\_\_

*Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. J. Wash*

**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.