FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16168

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" POLK
c. LENGTH OF STAY (In this place): 48 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE # 1, BILLINGS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" POLK
d. STREET ADDRESS (If rural, give location): Rt. #1 BILLINGS

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): NICHOLAS
c. (Last): RAUCH

4. DATE OF DEATH (Month) (Day) (Year): 5 29 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb. 28-1894
9. AGE (In years last birthday): 56 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE RAUCH
13b. MOTHER'S MAIDEN NAME: ELIZABETH HUTTER
14. NAME OF HUSBAND OR WIFE: ANNA ZOLLER, RAUCH

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. ANNA RAUCH — **ADDRESS**: RT. 1, BILLINGS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1950, *to* May, 1950, *that I last saw the deceased alive on* May 29, 1950, *and that death occurred at* 1:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Karl J. Leidinger Jr M.D.
23b. ADDRESS: Billings, Mo
23c. DATE SIGNED: 6-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-1-1950
24c. NAME OF CEMETERY OR CREMATORY: ROSE HILL
24d. LOCATION (City, town, or county) (State): CHRISTIAN CO. MO.

DATE REC'D BY LOCAL REG.: June 2-1950
REGISTRAR'S SIGNATURE: Alline Dwier
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: John Kleasbarn Clever Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 10 1950
District Health Office No. 6,
District File Number 650-665
Date Filed 6-10-50

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.

Signed John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.