

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 964

BIRTH NO. 73208-50 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5535 Registrar's No. 4

0440

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Point	c. LENGTH OF STAY (in this place) 39 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Point	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Tony b. (Middle) Alan c. (Last) Rauch			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov 30, 1950		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 39 IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) New Point, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raymond Lloyd Rauch	13b. MOTHER'S MAIDEN NAME Betty Ann Mann	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Betty Ann Rauch, New Point, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital Patent Foramen Ovale		INTERVAL BETWEEN ONSET AND DEATH BIRTH.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)
			DUE TO (c)
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7548

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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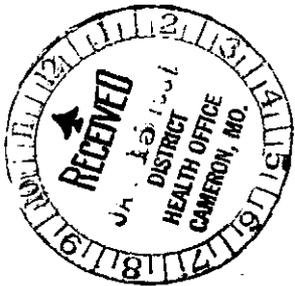
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No. 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE DR. H. E. Cochran CORONER HOLT, MO.	23b. ADDRESS Oregon, Mo.	23c. DATE SIGNED Jan. 9, 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/10/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) New Point, Mo.
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DATE REC'D BY LOCAL REG. Jan 10 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Mound City, Mo.
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STATEMENT BY LICENSED EMBALMER

THIS BODY WAS NOT EMBALMED.

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 *[Signature]* _____

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.