

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9559

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5935		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia <i>Township</i>		c. LENGTH OF STAY (In this place) 30 min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific shops				d. STREET ADDRESS (If rural, give location) 1114 East 9th St.			
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER			b. (Middle) RAU, SR.		c. (Last)		
4. DATE OF DEATH		(Month) (Day) (Year)		March 20, 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH July 9, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman shop mill		10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac. R.R.		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Rau			13b. MOTHER'S MAIDEN NAME Lena Zeigler		14. NAME OF HUSBAND OR WIFE Malbe Short Rau		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-16-1949		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mable Rau, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral embolism</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral sclerosis</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Bovine leukemia carcinoma</i>					INTERVAL BETWEEN ONSET AND DEATH  4/2014
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) (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 <i>as physician</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>7:50A m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Oliver Gordon Campbell MD</i>				23b. ADDRESS <i>Cornery, Pettis Co</i>		23c. DATE SIGNED <i>3-21-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/22/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill</i>		24d. LOCATION (City, town, or county) (State) <i>Sedalia, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>3/22/51</i>		REGISTRAR'S SIGNATURE <i>Oliver Gordon Campbell MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold Ewing</i>		ADDRESS <i>Sedalia, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-26-51

DISTRICT HEALTH OFFICE No. 3

Diagnosis Number \_\_\_\_\_

Date 3-26-51

18 1951

MIN

APR 27 1951

APR 5 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.