

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1055

State File No.

FILED JAN 29 1952

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 16

5470

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

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry				
b. CITY (If outside corporate limits, write RURAL and give town or township) Clinton		c. LENGTH OF STAY (In this place) 3 hr.	c. CITY (If outside corporate limits, write RURAL and give township) Rural				
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton, General Hospital			d. STREET ADDRESS (If rural, give location) Sunset Rest Home				
3. NAME OF DECEASED (Type or Print) George		a. (First) George	b. (Middle) W	c. (Last) Raub	4. DATE OF DEATH (Month) Jan (Day) 20 (Year) 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 23 1874		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR 8 Months 27 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 retired		11. BIRTHPLACE (State or foreign country) Henry Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo M. Raub		13b. MOTHER'S MAIDEN NAME Salinda (Unknown)		14. NAME OF HUSBAND OR WIFE (none)			
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 ADDRESS Gene Talley Talley Bend Missouri				
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) <u>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 or 8 days</u> <u>6 months</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION: <u>4 2 2 2</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <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 <u>Jan 2, 1950</u> , to <u>Jan 20, 1952</u> , that I last saw the deceased alive on <u>Jan 19, 1952</u> , and that death occurred at <u>7:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. B. Hughes, M.D.</u> (Degree or title)				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>1/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peaceful Home</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan-23-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred E. Williams Jr</u>		ADDRESS <u>Clinton</u>	

RECEIVED

JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952

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

John P. Williams Jr.

Licensed Embalmer No. 4516

P. O. Address Clinton

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.