

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12561**

**FILED APR 23 1952**

REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 3

37  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brush Creek</u>		c. LENGTH OF STAY (in this place) <u>157 1/2</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brush Creek Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. R.F.D. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway 19</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 12 1952</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Souders</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
8. DATE OF BIRTH <u>March 3, 1912</u>		9. AGE (In years last birthday) <u>39</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob A. Souders</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Taylor</u>	
14. NAME OF HUSBAND OR WIFE <u>**</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no **</u>	
16. SOCIAL SECURITY NO. <u>**</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Souders</u> ADDRESS <u>Owensville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Accident</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Truck &amp; Car Side-swipping</u>		<u>E8161</u>	
DUE TO (c) <u>26</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>037</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 19</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brush Creek Twp Gasconade Mo</u>			
21d. TIME (Month) (Day) (Year) OF INJURY <u>8 2 12 52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Truck &amp; Car Side-Swipping</u>			
22. I hereby certify that I attended the deceased from -----, 19--, to -----, 19--, that I last saw the deceased alive on -----, 19--, and that death occurred at ----- m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Rugon H. Oliver</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Hermann, Mo.</u>	
23c. DATE SIGNED <u>2-13-52</u>			
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>2-15-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Oak Hill, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-14-1952</u>		REGISTRAR'S SIGNATURE <u>Sarahy Wallace</u> 363	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. White</u> ADDRESS <u>Owensville Mo.</u>			

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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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melford H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.