

FILED MAY 5- 1952

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13813

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dillon</u> <u>0870</u>	
c. LENGTH OF STAY (in this place) <u>15 min.</u>		d. STREET ADDRESS (If rural, give location) <u>Dillon Post Office</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. James Bank</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMIL</u> b. (Middle) <u>PAUL</u> c. (Last) <u>RARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1873</u>
9. AGE (In years last birthday) <u>79</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmaster, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>	
11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Leopald Rard</u>		13b. MOTHER'S MAIDEN NAME <u>Elvina -</u>	
14. NAME OF HUSBAND OR WIFE <u>Annie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Rard</u>		ADDRESS <u>Dillon, Mo.</u>	
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>Stokes-Adams Syncope</u> <u>Sudden</u> b. <u>atrio-ventricular Block</u> <u>Generalized</u> c. <u>Arteriosclerosis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hypertension</u> <u>Generalized</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) (Min.) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 18, 1950</u> , to <u>April 16, 1952</u> , that I last saw the deceased alive on <u>April 6, 1952</u> , and that death occurred at <u>2:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James L. Burt</u>		23b. ADDRESS <u>J. Adams, Mo 4/18/52</u>	
23c. DATE SIGNED			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25. DATE <u>April 19, 1952</u>	
26. NAME OF CEMETERY OR CREMATORY <u>Wishon Cemetery</u>		27. LOCATION (City, town, or county) (State) <u>Phelps County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/20/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Wayne Roberts</u>	
28. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Filed May 2, 1952

MAY 5 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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.