

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34054**

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **4575** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Marshfield-White Co.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Stone	
b. CITY OR TOWN Missouri c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Cape Fair Flat Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Missouri 1040	
3. NAME OF DECEASED (Type or Print) a. (First) Ellie b. (Middle) George c. (Last) Rachwood			4. DATE OF DEATH (Month) (Day) (Year) Aug 26-1952
5. SEX M	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 23-1888
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) Stone Co. 0
10b. KIND OF BUSINESS OR INDUSTRY General		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William S. Rachwood		13b. MOTHER'S MAIDEN NAME Christina McDowell Bess Rachwood	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	
16. SOCIAL SECURITY NO. 910		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH few minutes			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4343	
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)	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 26 Aug , 19 52 , to _____, 19____, that I last saw the deceased alive on 26 Aug , 19 52 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Marion Lenta M.D.		23b. ADDRESS Marshfield Mo.	
23c. DATE SIGNED 26 Aug 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 28-1952	24c. NAME OF CEMETERY OR CREMATORY Cape Fair	24d. LOCATION (City, town, or county) (State) Cape Fair Mo
DATE REC'D BY LOCAL REG. 9-5-52	REGISTRAR'S SIGNATURE Francis	25. FUNERAL DIRECTORY'S SIGNATURE Everett G. Cheatham	ADDRESS Helena Mo

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Everett J. Cheatham

Licensed Embalmer No.

3870

P. O. Address

Galena 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.