

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42377**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty, Mo 4 1/2 mo.		a. STATE Missouri	b. COUNTY Clay
c. LENGTH OF STAY (in this place) 4 1/2 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Liberty Sup. - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo State Hosp. - Hamilton		d. STREET ADDRESS 6000	

3. NAME OF DECEASED (Type or Print) Ida	a. (First)	b. (Middle)	c. (Last) Raucher	4. DATE OF DEATH (Month) (Day) (Year) 12 31 53
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 17-1872	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months 6	IF UNDER 4 HRS. Days 14	Hours 14	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Samuel Lane	13b. MOTHER'S MAIDEN NAME Mary Barnett	14. NAME OF HUSBAND OR WIFE John Raucher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stephen Miller	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalomalacia Kingston, Mo	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Genl Arteriosclerosis 2 mo DUE TO (c)	
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to **4 mo**, 19____, that I last saw the deceased alive on **12/30/53**, 19____, and that death occurred at **2:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. G. Gadsden	(Degree or title)	23b. ADDRESS Liberty Mo.	23c. DATE SIGNED 12/31/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-31-53	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Hamilton Mo.
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DATE REC'D BY LOCAL REG. Jan. 4, 1954	REGISTRAR'S SIGNATURE Mabel Graham	25. FUNERAL DIRECTOR'S SIGNATURE Edna G. O'Connell	ADDRESS Hamilton Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

6000
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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 Dale A. Oldfield

Licensed Embalmer No. 4542

P. O. Address Hamilton, 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.