

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42587**

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY OR TOWN Springfield		c. LENGTH OF STAY (In this place) 5 Days	c. CITY OR TOWN "Rural" Polk
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital		e. STREET ADDRESS (If rural, give location) Route #1, Billings	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) PHILLIP c. (Last) RAUCH			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21-1953	
---	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21-1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR 0	IF UNDER 14 HRS. 0
--------------------	-------------------------------	---	--------------------------------------	---	--------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) Urbana, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---

13a. FATHER'S NAME Peter Rauch	13b. MOTHER'S MAIDEN NAME Caroline Winters	14. NAME OF HUSBAND OR WIFE Magdalena Louise Hutter
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Magdalena L. Rauch, Rt. 1, Billings, Mo.	ADDRESS Mo.
--	-------------------------------------	--	--------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous Subarachnoid Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
------------------------	----------------------------------	---

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) (Min.)	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 1952, to Dec 21, 1953, that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 6:00 pm., from the causes and on the date stated above.

23a. SIGNATURE James T. Good (Degree or title) MD	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 12-23-53
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-1953	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Evangelical	24d. LOCATION (City, town, or county) (State) Billings, Mo.
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 12-26-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
--	---	--	----------------------------

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

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.....
Signature of Student Embalmer

Signed.....
John Hlean Harris

Licensed Embalmer No. *4390*

P. O. Address *Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.