

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2426**

No. 300
10.48

FILED JAN 25 1954
BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **53**

5880
4

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

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Moherly b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salt Springs		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salt Springs, Twshp		0880
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Home			d. STREET ADDRESS (If rural, give location) Rural		
3. NAME OF DECEASED a. (First) Anna b. (Middle) m c. (Last) Rais			4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 28 1862	9. AGE (In years last birthday) 91	10. MONTHS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ill.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Frank Rais		13b. MOTHER'S MAIDEN NAME Susan Gilo		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Ed. F. Rais, Moherly, Mo ADDRESS			
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoses (arterio sclerosis)				INTERVAL BETWEEN ONSET AND DEATH 1 month D.K. syn
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? 4221 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)	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 Jan 7, 1954 , to Jan 14, 1954 , that I last saw the deceased alive on Jan 14, 1954 , and that death occurred at 12:45 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE W. Dreyer MD (Degree or title)		23b. ADDRESS Huntsville Mo		23c. DATE SIGNED 1/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-54	24c. NAME OF CEMETERY OR CREMATORY Sugar Creek	24d. LOCATION (City, town, or county) (State) Moherly, Mo		
DATE REC'D BY LOCAL REG. 1-18-54	REGISTRAR'S SIGNATURE Mary H. Bentley 482		25. FUNERAL DIRECTOR'S SIGNATURE Mahaw and Son Moherly, Mo ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moherly 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.