

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33219

FILED OCT 28 1954

State File No. 290

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 1/2 Days		e. STREET ADDRESS (If rural, give location) 314 Court St. 01495/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Callaway Hospital		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1954	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) A c. (Last) Raps		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
5. SEX Male		8. DATE OF BIRTH March 4, 1879	
6. COLOR OR RACE White		9. AGE (In years) (Months) (Days) 75 7 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and State or Foreign Country) Montgomery Co, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Raps		13b. MOTHER'S MAIDEN NAME Katherine Rhineland	
14. NAME OF HUSBAND OR WIFE Jennie Raps		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edward Farmer	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. ADDRESS Fulton, Mo R#3	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of old age		years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Dementia last wk		1 wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/2 x	
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) m.		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 Dec. 13, 1948, to Oct. 16, 1954, that I last saw the deceased alive on Oct. 16, 1954, and that death occurred at 3:00 P. M., from the causes and on the date stated above.	
23a. SIGNATURE E. C. Mink (Degree or title) M.D.		23b. ADDRESS Fulton Mo	
23c. DATE SIGNED 18 Oct 54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct-18-1954		24c. NAME OF CEMETERY OR CREMATORY Unity Cemetery	
24d. LOCATION (City, town, or county) (State) Rural Callaway Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo	
DATE REC'D BY LOCAL REG. Oct-18-1954		REGISTRAR'S SIGNATURE Marjette Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

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..... Signature of Student Embalmer

Signed *Stanley C. Browning*

Licensed Embalmer No *272*

P. O. Address *Fulton*

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.