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FILED JUN 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19360

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4298 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Linn Co.</u> b. COUNTY <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linneus</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Linneus,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		f. STREET ADDRESS (If rural, give location) <u>Linneus, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Anthony</u>	c. (Last) <u>Rauer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13-1955.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 28 th. 1871.</u>	9. AGE (In years last birthday) <u>83-9-16</u>	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austra 4</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Rauer</u>	13b. MOTHER'S MAIDEN NAME <u>Constanca Mc.Cullum</u>	14. NAME OF HUSBAND OR WIFE <u>Maud Rauer Linneus. Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Rauer</u> ADDRESS <u>LINNEUS MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>331XH</u> 10 yrs 20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer - sigmoid colon</u>			

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)	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 MAY, 1952, to June, 1955, that I last saw the deceased alive on June 12, 1955, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. K. Ryals, D.O. 2</u>	23b. ADDRESS <u>Brookfield No.</u>	23c. DATE SIGNED <u>6-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13-1955-9007.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linneus. Mo</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>June 20-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Biddy Kelley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Beckett</u> ADDRESS
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(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 *J. B. Brothers*  
Licensed Embalmer No. *200*

P. O. Address *Lincoln*

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.