

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21946

State File No.

BIRTH NO. 75891-54 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 52

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| 1. PLACE OF DEATH a. COUNTY <u>Holt</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u> | | c. CITY OR TOWN <u>New Point</u> | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 hr</u> | | e. STREET ADDRESS (If rural, give location) <u>0448</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Drs Office</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>John</u> | b. (Middle) <u>William</u> | c. (Last) <u>Rauch Jr.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 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>never married</u> | 8. DATE OF BIRTH <u>December 5, 1954</u> | 9. AGE (In years last birthday) <u>7</u> Months <u>5</u> Days | 10. UNDER 1 YEAR Hours <u>5</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfax, Missouri.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John William Rauch</u> | 13b. MOTHER'S MAIDEN NAME <u>Lavella Bomar</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT'S SIGNATURE OR NAME <u>John W. Rauch</u> ADDRESS <u>New Point, 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>7 mon. 5 day</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Stenosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Heart Disease</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Sided Heart 7544</u> | | | |

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| 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) m. | 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 Jan 1955, to July 10, 1955 that I last saw the deceased alive on July 10, 1955 and that death occurred at 7:30 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Isaac A. Swearing</u> (Degree or title) <u>mid.</u> | 23b. ADDRESS <u>Oregon, Missouri</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>July 12, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cowan Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>New Point, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7/14/55</u> | REGISTRAR'S SIGNATURE <u>James H. Peterson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Peterson</u> ADDRESS <u>Oregon</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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..... James H. Pettijohn

Licensed Embalmer No. 31

P. O. Address Oregon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.