

FILED AUG 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22821**

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>140</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>35 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>60 Cherry St.</u>				d. STREET ADDRESS (If rural, give location) <u>60 Cherry St.</u>					
3. NAME OF DECEASED a. (First) <u>KATHARINE</u> (Type or Print)			b. (Middle) <u>M.</u>		c. (Last) <u>RAULIE</u>		4. DATE OF DEATH <u>July 26, 1955</u> (Month) (Day) (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1883</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Glasgow, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Starke</u>			13b. MOTHER'S MAIDEN NAME <u>Bernadine <del>un</del> Known</u>		14. NAME OF HUSBAND OR WIFE <u>Charles H. Raulie</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-32-4984</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Raulie, Chillicothe, Mo.</u>				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) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
	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. <u>4201</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>July 27, 1955</u> , to <u>July 26, 1955</u> , that I last saw the deceased alive on <u>July 25, 1955</u> , and that death occurred at <u>12 noon</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph P. Conrad M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>July 29-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic cemetery</u>		24d. LOCATION (City, town, or county) <u>Chillicothe, Mo.</u>		(State)		
DATE REC'D BY LOCAL REG. <u>7/29/55</u>		REGISTRAR'S SIGNATURE <u>Francis B. Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Jordan</u>		ADDRESS <u>Chillicothe, Mo.</u>			

(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 .....

Student Embalmer

Signed

*Richard H. Bandall*

Licensed Embalmer No. *4866*

P. O. Address *Chillicothe, 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.