

FILED OCT 20 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32112

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. LENGTH OF STAY (In this place) <u>64 yrs</u>	c. CITY OR TOWN <u>Savannah</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>305 S. 1st Street</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>305 S. 1st Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry Simpson</u> b. (Middle) <u>Rash</u> c. (Last) <u>Rash</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 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>Jan. 18, 1891</u>	9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Savannah, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James A. Rash</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Fannie</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lillian Rash</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Rash, Savannah, Mo.</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Mortid 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>Multiple Sclerosis</u>		<u>10 years?</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-8-, 1955, to 10-8-, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gilbert B. Kelley</u>	(Degree or title) _____	23b. ADDRESS <u>Savannah, Mo.</u>	23c. DATE SIGNED <u>10-11-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-11-55</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Rash</u>	ADDRESS <u>Savannah, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1956

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 *Wm A Rich*.....

Licensed Embalmer No. 477.....

P. O. Address *Savannah*.....

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