Dr. Polk

FILED OCT 29 1956

Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33696

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 976

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hosp. — Length of stay in 1b: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Arkansas b. COUNTY: Baxter
c. CITY OR TOWN: Mt. Home — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 8030 G — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First DAVID Middle JOHN Last RAU

4. DATE OF DEATH Month Oct. Day 21 Year 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 17 1904

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant-Retail

10b. KIND OF BUSINESS OR INDUSTRY: Farm Equipment

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Adam Rau

14. MOTHER'S MAIDEN NAME: Eve Elizabeth Walters

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.: ?

17. INFORMANT Address: Mrs. Gertrude Rau Mt. Home, Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic carcinoma, with generalized metastasis to heart, liver and adrenals. — INTERVAL BETWEEN ONSET AND DEATH: 4 to 6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 162X

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/21/56, to 10/21/56 and last saw ~~Not~~ him alive on 10/21/56.
Death occurred at 1:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W Polk MD (Degree or title)

22b. ADDRESS 604 Medical Arts Bldg. Springfield 4, Missouri

22c. DATE SIGNED 10/22/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10/22/56

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo.

25. DATE RECD. BY LOCAL REG. 10-25-56

26. REGISTRAR'S SIGNATURE Edna Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Lucien T. Swad

Licensed Embalmer No. 48

P. O. Address Spring

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.