

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1957

20272

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 166

| | | | | | | | |
|--|----------------------------------|--|---|---|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY CALLAWAY | | b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> FULTON | | a. STATE MISSOURI | | b. COUNTY JACKSON | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL #1 | | Length of stay in lb 9 YRS 3 MO | | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> 3488 | |
| 3. NAME OF DECEASED (Type or print) First Middle Last EILEEN RAU | | | | 4. DATE OF DEATH Month Day Year JULY 4, 1957 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH FEBRUARY 7, 1878 | | 9. AGE (In years last birthday) 79 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY EDUCATION | | 11. BIRTHPLACE (City and state or country) ROCHESTER, MINN. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME JOHN MC DEVITT | | | | 14. MOTHER'S MAIDEN NAME JULIET BRINKLEY | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Address STATE HOSPITAL #1, FULTON, MISSOURI | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE-PYELONEPHRITIS | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS | |
| Conditions, if any, which gave rise to above cause (a) | | DUE TO (b) GENERAL DEBILITATION | | | | | |
| | | DUE TO (c) FRACTURED RIGHT HIP | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) FELL ON WARD 4-13-57 E 904.7 | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 2 a. m. 4-13-57 | | 45 | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STATE HOSPITAL #1 | | 20f. CITY, TOWN, OR LOCATION FULTON | | 20g. COUNTY STATE CALLAWAY MISSOURI | |
| 21. Attended the deceased from STATE HOSPITAL 4-7-48 to 7-4-57 | | Death occurred on 6:20 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) H. G. FREUND, M.D. | | | | 22b. ADDRESS STATE HOSPITAL #1, FULTON, MO. | | 22c. DATE SIGNED 7-4-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/6/57 | 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS Quick & John Row Linwood | | | | 25. DATE RECD. BY LOCAL REG. July 5-1957 | | 26. REGISTRAR'S SIGNATURE Maretha Lawrence | |

(Licensed Embalmer's Statement on Reverse Side)

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. P. Gibson*

Licensed Embalmer No. *44*
BH 808
P. O. Address *Chickadee 9*

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.