

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041128

STATE FILE NUMBER

DEC 9 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 129

300 /
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rayville Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles W. Rayville		Length of stay in lb 6 months	d. STREET ADDRESS (If outside, give location) S. Shotwell
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First James Middle William Last Rash			4. DATE OF DEATH Month 11 Day 27 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19 1886	9. AGE (In years last birthday) 72	IF FUNDER 1 YEAR Months 0 Days 27 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Callaway Nebraska		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Rash		13b. MOTHER'S MAIDEN NAME Sarah Garringer		14. NAME OF HUSBAND OR WIFE (dec) Nancy Palmer Rash	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Allen Rash	Address Richmond, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary Edema @ Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Systemic Cardio-Renal Vascular Disease	no	
	DUE TO (c)		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour 10:20 Month 11 Day 27 Year 1958 a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Rayville	COUNTY Ray	STATE Mo
21. I attended the deceased from 11/5/58 to 11/27/58 and last saw ^{her} him live on Nov. 25, 1958 Death occurred at 10:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Detlev Buchner M.D. (Degree or title)	22b. ADDRESS Lawson Mo	22c. DATE SIGNED 12/1/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/29/58	23c. NAME OF CEMETERY OR CREMATORY Cravens Cemetery	23d. LOCATION (City, town, or county) (State) Camden, Missouri
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24. FUNERAL DIRECTOR Quest-Life	ADDRESS Federal Home Richmond, Missouri	25. DATE RECD. BY LOCAL REG. 12-4-1958	26. REGISTRAR'S SIGNATURE Malcolm Jackson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

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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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Richmond, Va

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.