Health, Welfare Public Service

300 1 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002342
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 273 Primary Registration District No. Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Frohna Rte.1 Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Perry
c. CITY OR TOWN Salem Twp. 0790 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Frohna Rte.1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Emilie Middle Last Rauss
4. DATE OF DEATH Month Day Year 1 - 12 - 59
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-11-1886
9. AGE (In years last birthday) 72 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Perry County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Karl Petzoldt
13b. MOTHER'S MAIDEN NAME Therese Leimer
14. NAME OF HUSBAND OR WIFE Adolph Rauss
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. Elmer Schussler Perryville, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-Pneumonia, Terminal — 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) Metastatic Carcinoma of Lungs + Bones — 18 mos.
DUE TO (c) Carcinoma of Breast — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170.1
19. WAS AUTOPSY PERFORMED? YES ☐ 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 Jan 5 - 1949, to Jan 12, 1959 and last saw her alive on Jan 11th, 1959
Death occurred at 120 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Theodore Fischer (Degree or title) M.D.
22b. ADDRESS Altenburg, Mo
22c. DATE SIGNED 1-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-15-59
23c. NAME OF CEMETERY OR CREMATORY Farrar Lutheran Cem.
23d. LOCATION (City, town, or county) Farrar (State) Missouri

24. FUNERAL DIRECTOR Young & Sons Perryville mo ADDRESS
25. DATE RECD. BY LOCAL REG. 1-17-59
26. REGISTRAR'S SIGNATURE Jos J Goellner

(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 Edward C Young

Licensed Embalmer No. 2138

P. O. Address Lewiston Me

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.