

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021654

STATE FILE NUMBER
REGISTRAR'S NUMBER 2655

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002

300
-57 3

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown-DOA		d. STREET ADDRESS 811 Westport Rd	
Length of stay in 1b 47 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First NATALIA Middle Last RAU			4. DATE OF DEATH Month 5 Day 27 Year 59					
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-19-1891		9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Russia	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE David A. Rau	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Albert D. Rau, 4518 Mercier, K.C. Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerotic Heart Disease		
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 checked="" type="checkbox"/> NO <input 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at **3:45 P.M.** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Geo. C. Kealhofer</i> (Degree or title) 3		22b. ADDRESS 602 Park St. S.W. Okla		22c. DATE SIGNED 5-28-59	
---	--	---	--	------------------------------------	--

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		23b. DATE 5-29-59		23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Mo	
---	--	-----------------------------	--	---	--	--	--

24. FUNERAL DIRECTOR Wagner Funeral Home, K C Mo		25. DATE RECD. BY LOCAL REG. 5-28-59		26. REGISTRAR'S SIGNATURE <i>Nevo Minchell</i>	
--	--	--	--	---	--

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Geo. C. Kealhofer

All diseases in Part I must be causally related.

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 Alvin R. Hauschke

Licensed Embalmer No. 4159

P. O. Address K. C. Ma

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.