

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18611

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>10</u>			
b. CITY OR TOWN <u>Columbia</u> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print), <u>CORA</u> a. (First) <u>ALICE</u> b. (Middle) <u>RAWLINGS</u> c. (Last)			4. DATE OF DEATH <u>MAY-31-1949</u> (Month) (Day) (Year)				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 19, 1875</u>	9. AGE (In years last birthday) <u>74</u>	10. MONTHS <u>2</u>	11. DAYS <u>12</u>	12. IF UNDER 1 RES. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>10</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Q. L. FORBIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-E SANDKER</u>		14. NAME OF HUSBAND <u>ESTIL RAWLINGS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Estil Rawlings</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephropathy</u> <u>Leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2044</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-24, 1949</u> , to <u>5-31, 1949</u> , that I last saw the deceased alive on <u>5-31, 1949</u> , and that death occurred at <u>4:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roland Padon</u>			(Degree or title) <u>MDU</u>			23b. ADDRESS <u>16 N. 10th - Columbia</u>	23c. DATE SIGNED <u>6-9-49</u>
24a. BURIAL, CREMATION, or other disposal (Specify)		24b. DATE <u>June-2-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia MO</u>		
DATE REC'D BY LOCAL REG. <u>June 13, 49</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Jessiman</u>	
						ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 21 1949

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.

Signed.....
Student Embalmer

Signed *Grover Jernigan*

Licensed Embalmer No. *4270*

P. O. Address *Centerville, Mo.*

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