

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1333
62

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellington	
c. LENGTH OF STAY (in this place) 14 days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) Mrs. Eugenia RAWIE RAWIE	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan 4 1950
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 26, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) FEMME OSAGE, MO. O	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Flusemier	13b. MOTHER'S MAIDEN NAME Eliza Dubbert	14. NAME OF HUSBAND OR WIFE Henry Rawie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Henry Rawie	ADDRESS Wellington mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver - Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days 3 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. 156A			

19a. DATE OF OPERATION 12/23/49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver (m.m.o)	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 Nov. 1, 1949, to Jan. 4, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 10:03A m., from the causes and on the date stated above.

23a. SIGNATURE D. D. Armbruster (Degree or title) D.D.O.	23b. ADDRESS Wellington, Mo.	23c. DATE SIGNED 1/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Wellington City	24d. LOCATION (City, town, or county) (State) Wellington, Missouri
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DATE REC'D BY LOCAL REG. 1-6-50	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1/10/2011

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

Student Embalmer

Signed

Max E Meyer

Licensed Embalmer No. *4555*

P. O. Address *Kansas City, 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.