

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5433**

No. 300  
10.48

FILED MAR 11 1952

24813

|  |                               |   |   |  |  |  |                       |
|--|-------------------------------|---|---|--|--|--|-----------------------|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>100</u>   |   | PRIMARY REG. DIST. NO. <u>5573</u>   |  | Registrar's No. <u>36</u>  |                       |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                               |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> |  |  |                       |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>40 1/2 Miles E. Blue Springs</u>  |                               | c. LENGTH OF STAY (In this place)   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Marshall</u>  |  | 0972   |                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |                               |   |   | d. STREET ADDRESS (If rural, give location)<br><u>215 North Bell</u>   |  |  |                       |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Edwin</u>   |                               | b. (Middle) <u>B.</u>   |   | c. (Last) <u>Rawlings</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 16, 1952</u>                    |                       |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>   | 8. DATE OF BIRTH <u>Feb. 1, 1935</u>                |  | 9. AGE (In years last birthday) <u>17</u>  | IF UNDER 1 YEAR Months   | IF UNDER 1 MIN. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Student</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>High School</u>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Marshall, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                       |                       |
| 13a. FATHER'S NAME<br><u>Owen C. Rawlings</u>  |                               |   | 13b. MOTHER'S MAIDEN NAME<br><u>Vesta C. Morton</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u> |  |                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>  |                               | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mr. Owen C. Rawlings, Marshall, Missouri</u>   |  |  |                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.            |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><u>fractured skull, crushing injury of chest</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b)<br><u>injury of chest</u><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |                       |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION<br><u>Post Permort Report of 148</u>   |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                       |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway</u>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Jackson Miss</u>   |  |  |                       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)<br><u>2-16-52 8:35 p.m.</u>   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><u>Two car collision</u>   |  |  |                       |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:35 P.M.</u> , from the causes and on the date stated above. |                               |   |   |  |  |  |                       |
| 23a. SIGNATURE<br><u>Dr. C. K. ...</u>   |                               |   |   | 23b. ADDRESS<br><u>40.50 Broadway, etc</u>   |  | 23c. DATE SIGNED<br><u>2-17-52</u>   |                       |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVED</u>  |                               | 24b. DATE<br><u>Feb. 17 1952</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Unknown</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Marshall, Missouri.</u>      |                       |
| DATE REC'D BY LOCAL REG.<br><u>2-18-52</u>   |                               | REGISTRAR'S SIGNATURE<br><u>Donald C. Earnshaw</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Campbell &amp; Lewis F.H. Marshall, Missouri</u>  |  |  |                       |

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

5233

MAN 29 RECD

RECEIVED

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.