

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 8 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 132

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, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence <u>0485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 1325 South Osage	

3. NAME OF DECEASED (Type or Print) a. (First) Vera b. (Middle) Anesta c. (Last) Rawson			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1952		
5. SEX Female		6. COLOR OR RACE Amer. White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 11, 1884		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 5 Days 5	
IF UNDER 24 HRS. Hours 5 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own Home	
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Frederick Shaw		13b. MOTHER'S MAIDEN NAME Mary Ann Pett		14. NAME OF HUSBAND OR WIFE unknown	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kezia Lovell Holden 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Bilateral lobes pneumonia & the atelectasis of the lower lobes 2. 2. sub diaphragmatic abscess 3. 3. cholelithiasis & cholecystitis due to liver disease, and a bacterial infection DUE TO (c) DUE TO (b) DUE TO (a) II. OTHER SIGNIFICANT CONDITIONS RELATING TO DEATH* Conditions contributing to the death but not related to the disease or condition causing death. Severe bronchial asthma				INTERVAL BETWEEN ONSET AND DEATH 5 days 4 or 5 days 3 weeks 10 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION cholelithiasis & cholecystitis & acute cholecystitis & pancreatitis		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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 584X	
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22. I hereby certify that I attended the deceased from May, 1938, to March 16, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE B. H. Allen M.D.		23b. ADDRESS Independence Mo		23c. DATE SIGNED 3-18-52	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 3/19/52		24c. NAME OF CEMETERY OR CREMATORY Mound Grove	
				24d. LOCATION (City, town, or county) (State) Independence, Mo.	

DATE REC'D BY LOCAL REG. 3-19-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John B. Speaks Indpls	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0485

APR 8 1959

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 _____

Raymond M. Hardy

Student Embalmer No. 452

working under my personal supervision.

Student *Raymond M. Hardy*
Student Embalmer

Signed *Roland B. Speaks*

Licensed Embalmer No. 3607

P. O. Address *Indep 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.