

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13484

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 58

1. PLACE OF DEATH
 a. COUNTY Lawrence
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN mt Vernon mo
 c. LENGTH OF STAY (in this place) 76 1/2
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) Home mt Vernon mo

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
 a. STATE mo b. COUNTY Lawrence
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN mt Vernon 0550
 d. STREET ADDRESS (If rural, give location) 711 South Vine

3. NAME OF DECEASED
 a. (First) George b. (Middle) Truman c. (Last) Rawlings
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) 5-5-1952

5. SEX Male 6. COLOR OF RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Sept 28-1875 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 7 Days 7 IF UNDER 28 HRS. Hours 7 Mins. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business man 10b. KIND OF BUSINESS OR INDUSTRY Garage 11. BIRTHPLACE (State or foreign country) mt Vernon mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James M Rawlings 13b. MOTHER'S MAIDEN NAME Ruth S. Hailey 14. NAME OF HUSBAND OR WIFE Mary Termeriew Rawling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Alma Morgan ADDRESS Pierce city mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving DUE TO (b) Cerebral Accident c
 rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) ht. hemiplegia
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 4 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 331x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12/1 1938, to 5/5, 1952, that I last saw the deceased alive on 3/5, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Emmett Glover MD 23b. ADDRESS mt Vernon, mo 23c. DATE SIGNED 5/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-8-1952 24c. NAME OF CEMETERY OR CREMATORY mt Vernon cemetery 24d. LOCATION (City, town, or county) (State) mt Vernon mo

DATE REC'D BY LOCAL REG. 5-7-52 REGISTRAR'S SIGNATURE Cecil Handlick 416-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H R Fossett F Home mt V mo

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

1550
 1

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. H. Fossett

Licensed Embalmer No. 2201

P. O. Address W. Vernon 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.