

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43760**

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **H 370** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) CLEARMONT		c. CITY (If outside corporate limits, write RURAL and give township) POLO 0130	
c. LENGTH OF STAY (in this place) 5 YRS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOPPLE NURSING HOME			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA	b. (Middle) LOUISA	c. (Last) RAWLINGS	4. DATE OF DEATH (Month) (Day) (Year) DEC. 18 1953
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 14 1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 10 Days 4	IF UNDER 24 HRS. Hours 4 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	11. BIRTHPLACE (State or foreign country) VALLISCA IOWA	12. CITIZEN OF WHAT COUNTRY? US.
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13a. FATHER'S NAME CHARLES R HUNTSMAN	13b. MOTHER'S MAIDEN NAME CAROLINE H. HUNTSMAN	14. NAME OF HUSBAND OR WIFE MARIE A RAWLINGS
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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. ---	17. INFORMANT'S SIGNATURE OR NAME RAY HOPPLE CLEARMONT MO	ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Senility		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9/15**, 19**53** to **Dec 18, 1953**, that I last saw the deceased alive on **12/11**, 19**53** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE B. S. [Signature]	(Degree or title) M.D.	23b. ADDRESS	23c. DATE SIGNED 12-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-20-53	24c. NAME OF CEMETERY OR CREMATORY ZIMMERMAN	24d. LOCATION (City, town, or county): (State) POLO, MO
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DATE REC'D BY LOCAL REG. 12-26-53	REGISTRAR'S SIGNATURE Bess Holtz	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Burl. Jet Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0 240 4

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.....

Licensed Embalmer No. 2968

P. O. Address Burlington, 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.