

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 2150054 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kennett</i>		c. CITY OR TOWN <i>Kennett</i>	
c. LENGTH OF STAY (in this place) <i>4 mo</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <i>607 Henderson</i>		e. STREET ADDRESS (If rural, give location) <i>607 Henderson Street</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Janet</i> b. (Middle) <i>Lea</i> c. (Last) <i>Rawls</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 26-1954</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <i>Jan 22-1954</i>		9. AGE (in years last birthday) <i>7</i>		10. IF UNDER 1 YEAR: Months <i>7</i> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Kennett, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>Billie Rawls</i>		13b. MOTHER'S MAIDEN NAME <i>Monia Jean Woodrum</i>		14. NAME OF HUSBAND OR WIFE <i>-</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs George Woodrum</i>	
				ADDRESS <i>Kennett, Mo.</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>months</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>pass. Relicac Disease</i>					
ANTECEDENT CAUSES		<i>pass. adrenal hypoplasia</i>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <i>7593</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 *Jan 22, 1954*, to *25 May, 1954*, that I last saw the deceased alive on *25 May, 1954*, and that death occurred at *9:40 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Joel Zimmerman M.D.</i>		23b. ADDRESS <i>Kennett Mo</i>		23c. DATE SIGNED <i>6-5-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-27-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge</i>	
				24d. LOCATION (City, town, or county) (State) <i>Kennett, Mo.</i>	

DATE REC'D BY LOCAL REG. <i>6-5-54</i>		REGISTRAR'S SIGNATURE <i>Carroll Hubbard</i>		90 90		15. FEDERAL DIRECTOR'S SIGNATURE <i>Leroy Service</i>		ADDRESS <i>Kennett, Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKIN COUNTY W  
DEPARTMENT ..... 6-7-58  
COUNTY FILE NUMBER 654-  
.....

**STATEMENT BY LICENSED EMBALMER**

*not Embalmed*

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.....  
Signature of Student Embalmer

Signed *Edgar Lee Furr*  
Licensed Embalmer No. *443*

P. O. Address *Kennett*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.