

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36582**

FILED NOV 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1041

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		12. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Strafford</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		11. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>ROY</u>	a. (First) _____ b. (Middle) <u>B.</u> c. (Last) <u>RAWLINGS</u>	4. DATE OF DEATH <u>November 19 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 4 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Dairy Supt.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dairying</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kimmundy, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Nicholas Rawlings</u>	13b. MOTHER'S MAIDEN NAME <u>Maria C. Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Rawlings</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>509-01-4425</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy B. Rawlings Jr.</u> ADDRESS <u>Springfield, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Sclerosis</u>		DUE TO (b) <u>Arteriosclerosis generalised</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 _____	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) _____
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____	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 May, 1948, to 19 Nov, 1955, that I last saw the deceased alive on 19 Nov, 1955, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stanley A. Peterson M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>20 Nov 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Scott Kansas</u>
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DATE REC'D BY LOCAL REG. <u>11-23-55</u>	REGISTRAR'S SIGNATURE <u>Etha Holloman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rafael Benjamin Seymour</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
Signature of Student Embalmer

Signed *James W. Weir*

Licensed Embalmer No. *462*

P. O. Address *Springfield*

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.