Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029600
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 184 Primary Registration District No. 5687 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield Township — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. #1 — Length of stay in Hospital 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe — Inside Limits Yes ☐ No ✓
d. STREET ADDRESS (If outside, give location) 409 Clay Street — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: William Middle: Allen Last: Rawlings
4. DATE OF DEATH Month: Sept. Day: 2 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: August 29, 1869
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 0 Days 3 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Milwaukee R.R.
11. BIRTHPLACE (City and state or country): Trenton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Abner Rawlings
14. MOTHER'S MAIDEN NAME: Ellen Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 707-10-0291
17. INFORMANT: Pearl Rawlings Address: Chillicothe, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Myocardosis — 5 years
DUE TO (c) Coronary Insufficiency — 10 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 30, 1958, to Sept. 2, 1958 and last saw her/him alive on Sept. 2, 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. L. Ryals (Degree or title) D.O.
22b. ADDRESS Brookfield, Missouri
22c. DATE SIGNED Sept. 3, 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 5, 1958
23c. NAME OF CEMETERY OR CREMATORY: Ottumwa Cemetery
23d. LOCATION (City, town, or county) (State): Ottumwa, Iowa
24. FUNERAL DIRECTOR: Hill Funeral Home ADDRESS: Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 9-3-58
26. REGISTRAR'S SIGNATURE: Kathalene Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gerald T. Wade

Licensed Embalmer No. 4/

P. O. Address Brou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.