Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035157
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Marshall — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 587 South Lyon — Length of stay in Ib: Entire life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 587 South Lyon — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Arthur Middle: Leon Last: Rawlings
4. DATE OF DEATH: Month September Day 29 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 9, 1899
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and state or country): Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Thomas J. Rawlings
13b. MOTHER'S MAIDEN NAME: Mary Lou Harland
14. NAME OF HUSBAND OR WIFE: Orpha May Rawlings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World war I.
16. SOCIAL SECURITY NO.: 496-03-5096
17. INFORMANT: Mrs Orpha May Rawlings, Marshall Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 Jan 1957, to Sept 29 1958 and last saw her/him alive on Sept 28 1958
Death occurred at 3-30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James A Reid (Degree or title) MD
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 9-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 1st 1958
23c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery
23d. LOCATION (City, town, or county) (State): Marshall Missouri

24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis, Marshall Mo.
25. DATE RECD. BY LOCAL REG.: 9-29-58
26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 17 1958

FEB 23 1959

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 R.W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall

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.