

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041175

FILED VS DEC 9 1959

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 5404 Registrar's No. 71

ENDED

1. PLACE OF DEATH a. COUNTY <i>Lemiscot</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Lemiscot</i>		
b. CITY (If outside corporate limits, street, or town) <i>Caruthersville, Mo</i>		c. CITY OR TOWN <i>Caruthersville, MO</i>	d. STREET ADDRESS (If outside corporate limits, give location) <i>Steele, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 mi. Caruthersville, 710-</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside corporate limits, give location) <i>Steele, Mo.</i>	
3. NAME OF DECEASED (Type or print) First <i>Charlie</i> Middle Last <i>Rawell</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>15</i> Year <i>1959</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Col.</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-16-76</i>	9. AGE (last birthday) <i>83.</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>29</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>working</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>	11. BIRTHPLACE (City and state or country) <i>Parola County, Miss.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Jim Rawell</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Jones</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>-</i>	17. INFORMANT <i>Lily L. Smith, Hayth, MO.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>John Brooman - Right</i> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>undata</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <i>9</i> Month, Day, Year <i>11/13/59</i> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Caruthersville, MO</i>	COUNTY	STATE
21. I attended the deceased from <i>11/13/59</i> to <i>11/15/59</i> and last saw him alive on <i>11/15/59</i> Death occurred at <i>9</i> <i>p</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>F. L. ...</i>			22b. ADDRESS <i>Caruthersville, MO</i>		22c. DATE SIGNED <i>11/19/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-20-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Magnolia</i>	23d. LOCATION (City, town, or county) (State) <i>Caruthersville, MO</i>		
24. FUNERAL DIRECTOR <i>F. J. Smith</i>		ADDRESS <i>Hayth, MO</i>	25. DATE RECD. BY LOCAL REG. <i>Nov 20-59</i>	26. REGISTRAR'S SIGNATURE <i>Jessie B. Welke</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

G. J. Hill

Licensed Embalmer No.

2627

P. O. Address

*62
12th St.,
St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.