MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER Q032600

Registration District No. 216 Primary Registration District No. 6068 Registrar's No. 335

DO NOT WRITE ON THIS STUB — AMENDED

AGE FILED 26 64

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0940		
2	0940		1
3			
4	0		
5	1		
6			
7	0		
8	2		
9	51X		
10			
11			
12	99-2		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: St. Francois County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Big River Twp. — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD#2, Bonne Terre — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Rt.2. Bonne Terre — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Thomas; Middle; Last Rawson

4. DATE OF DEATH: Month August; Day 15; Year 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-23-1886

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months; Days — IF UNDER 24 HR: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Francois Co. Mo.

12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: William Rawson

13b. MOTHER'S MAIDEN NAME: Martha Jane Baily

14. NAME OF HUSBAND OR WIFE: Grace (Parmly) Rawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 490-03-6946

17. INFORMANT: Grace Rawson Address: Rt.2. Bonne Terre 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): Carcinoma Stomach
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Preceded by Multiple-Sclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ Yes ☐ No ☐ Unknown

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 July 1-1962, to Aug 15-1964 and last saw her/him alive on Aug 15-1964
Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS: Bonne Terre Mo.

22c. DATE SIGNED: 8-17-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-18-64

23c. NAME OF CEMETERY OR CREMATORY: Primose Cemetery

23d. LOCATION (City, town, or county) (State): St. Frncois Missouri

24. FUNERAL DIRECTOR ADDRESS: Sparks Funeral Home Bonne Terre Missouri

25. DATE RECD. BY LOCAL REG.: Aug 17, 1963

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre 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.