

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0045791

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

DIFILED 09 64 314

Registration District No. 6075 Primary Registration District No. 46 Registrar's No.

VS 300  
Rev. 4/59

1 0940

2 0621

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4 0

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12 86-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois lwp. Farmington rural</u>			Length of stay in 1b <u>3 weeks</u>		c. CITY OR TOWN <u>Fredricktown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thomas Dell Nursing Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>109 Saline Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>Richard Rawson</u>						4. DATE OF DEATH Month Day Year <u>November 25, 1964</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/18/1876</u>		9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mining</u>		11. BIRTHPLACE (City and state or country) <u>Rt. 2, Bonne Terre, Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME <u>William Rawson</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ann Pettus</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>						17. INFORMANT Address <u>Ava Walden, Weingarten, Rt 1, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:													
IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>													
(b) <u>Cerebral arteriosclerosis</u>													
(c) <u>Senility</u>													
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 a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Sept 1964</u> to <u>Nov 25, 1964</u> and last saw him alive on <u>Nov 24, 1964</u> Death occurred at <u>1:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>R.A. Hubstep</u> (Degree or title)				22b. ADDRESS <u>Farmington, MO</u>				22c. DATE SIGNED <u>11-28-64</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/28/1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park</u>		23d. LOCATION (City, town, or county) (State) <u>Rt. 2, Bonne Terre, Mo.</u>							
24. FUNERAL DIRECTOR <u>Dale Sparks, Bonne Terre, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 28, 1964</u>		26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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**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

Signature Everett Sparks

Licensed Embalmer No. 42817

P. O. Address Bonne Terre

**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.