

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9777

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Desloge</u>	
c. LENGTH OF STAY (In this place) <u>4 da.</u>		d. STREET ADDRESS (If rural, give location) <u>3 town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Claude</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22, 1951</u>		
a. (First)	b. (Middle)	c. (Last)			
		<u>Rawlins</u>			

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 14, 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>8</u>	Hours <u></u>	Min. <u></u>
-----------------------	----------------------------------	--	--	--	---------------------------------------	--------------------------------------	------------------	-----------------

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 Industry</u>	11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	---	---

13a. FATHER'S NAME <u>James Rawlins</u>	13b. MOTHER'S MAIDEN NAME <u>Inez Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Rawlins</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>	16. SOCIAL SECURITY NO. <u>491-05-2700</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Rawlins</u>	ADDRESS <u>Desloge, Mo.</u>
---	---	--	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>melano carcinoma of Rt Breast.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>(ok) 170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 3-16, 1951, to 3-22, 1951, that I last saw the deceased alive on 3-22, 1951, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Appliberry MD.</u> (Degree or title)	23b. ADDRESS <u>Flint River MO</u>	23c. DATE SIGNED <u>3-25-51</u>
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEO. PK.</u>	24d. LOCATION (City, town, or county) (State) <u>DESLOGE MO.</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Mar 25, 1951</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Boyer</u>	ADDRESS <u>Desloge Mo</u>
---	--	--	------------------------------

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

0941
0

File No. -----

DISTRICT HEALTH OFFICE No. 4

APR 2 1951

RECEIVED

APR 17 1951

APR 4 1951

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 -----

working under my personal supervision.

Student Embalmer No.

Signed *D. T. Boyer*

Signed.....
Student Embalmer

Licensed Embalmer No. *366a*

P. O. Address *Neeloge, 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 this body is not embalmed, fact should be so stated above.