

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13263**

No. 300  
10-48

FILED APR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **106**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>405 South Garth St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Noyes Hospital</b>		0105	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>RHODA</b>	b. (Middle) <b>CREWS</b>	c. (Last) <b>RAWLINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>August 9, 1887</b>	9. AGE (In years) (last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady in Dress Shop</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Robert Adams Rawlins</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Swartout</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Phil R. Simpich, Columbia, Mo.</b>	ADDRESS
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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 <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of ovary</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>6-17-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Inoperable cancer of ovary 175x</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 6, 1952**, to **April 13, 1953**, that I last saw the deceased alive on **April 13, 1953**, and that death occurred at **11:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Woodlin M.D.</b> (Degree or title)	23b. ADDRESS <b>Columbia Mo Professional Bldg</b>	23c. DATE SIGNED <b>4-14-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-15-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Church</b>	24d. LOCATION (City, town, or county) (State) <b>Howard County, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>April 14 1953</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	25 FUNERAL DIRECTOR'S SIGNATURE <b>Param Funeral Service, Columbia Mo</b>	ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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

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1937  
A 1111

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 .....  
Student Embalmer .....

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia Md

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.