

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21133**
5481
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|--|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri. b. COUNTY Ripley 0410 | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 0 | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Doniphan |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp. | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 1 | |
| e. STREET ADDRESS | | (If rural, give location) | |

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|--|--------------------------|-----------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) George | b. (Middle) W. | c. (Last) Rawlings | 4. DATE OF DEATH June 16, 1954. |
|--|--------------------------|-----------------------|---------------------------|---|

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|----------------------|-------------------------------|---|-------------------------------------|---|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married 1 | 8. DATE OF BIRTH May 3, 1885 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|----------------------|-------------------------------|---|-------------------------------------|---|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Doniphan, Missouri. 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Alfred Rawlings | 13b. MOTHER'S MAIDEN NAME Frances Lewis | 14. NAME OF HUSBAND OR WIFE Cordelia Rawlings |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | 16. SOCIAL SECURITY NO. Nil. | 17. INFORMANT'S SIGNATURE OR NAME Agnès Hitzmann, 5935 Coronado, | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH few days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abcess, sub deep | | |
| | ANTECEDENT CAUSES fracture with chest cavity of pneumonia | | |
| MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. and atelectasis | | DUE TO (b) fracture into right chest cavity of pneumonia | |
| DUE TO (c) and atelectasis | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Perforated peptic ulcer 5/24/54 | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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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) 540.0 |
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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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **5/23**, 19**54** to **6/16**, 19**54**, that I last saw the deceased alive on **6/14**, 19**54**, and that death occurred at **6 P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Dr. Michael M. D. Olive | (Degree or title) | 23b. ADDRESS 817 Olive | 23c. DATE SIGNED 6/18/54 |
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|--|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 6-17-54 | 24c. NAME OF CEMETERY OR CREMATORY Local | 24d. LOCATION (City, town, or county) (State) Doniphan, Missouri. |
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| DATE REC'D BY LOCAL REG. JUN 18 1954 | REGISTRAR'S SIGNATURE Charles Smith MO | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | ADDRESS 4700 Washington. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John J. Haines*.....
Licensed Embalmer No. *410*.....
P. O. Address *St. Louis*.....

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.