

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1680

State File No. ....

FILED FEB 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY. <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. CITY OR TOWN <u>RT#4 JOPLIN (RURAL)</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>RT#4 JOPLIN</u> <span style="float: right;"><u>0490</u></span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>E.</u>	c. (Last) <u>RAWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 5 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <u>OCTOBER 6, 1874</u>	9. AGE (In years last birthday) <u>81</u>	if UNDER 1 YEAR Months <u>3</u>	if UNDER 4 HRS. Days <u></u>	Hours <u></u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SANTA FE R.R. CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>JOSEPH E. RAWN</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE E. HOSLER</u>	14. NAME OF HUSBAND OR WIFE <u>RUBY A. RAWN (DECEASED)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>19944A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. RAWN</u>	ADDRESS <u>RT #4 JOPLIN, MO</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emphysema</u>		<u>24 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Backward cardiac Failure</u> DUE TO (c) <u>Periodic Cerebral hemorrhages</u>		<u>24 hr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1 yr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>331x</u>
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 inv. 8, 1955, to 2-5-56, 1956, that I last saw the deceased alive on 2-5-, 1956, and that death occurred at 11:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. M. Barry</u>	23b. ADDRESS <u>2 Webb City Mo</u>	23c. DATE SIGNED <u>2-7-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>FEBRUARY 6, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLEY FALLS</u>	24d. LOCATION (City, town, or county) (State) <u>VALLEY FALLS, KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>2-7-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HAGGE FUNERAL HOME</u>	ADDRESS <u>VALLEY FALLS, KAN.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7/1/56

RECEIVED FEB 13 1956  
Jasper County Health Office

County File Number 56-2-150  
Date Filed FEB 13 1956

AUG 1 1956

MAY 12 1956

MAY 11 1956

**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 L. J. Lewis

Licensed Embalmer No. 456

P. O. Address Webb Co

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.