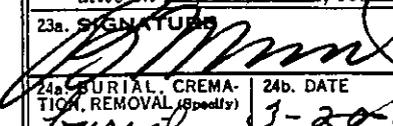
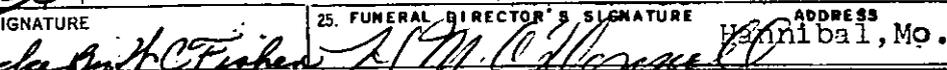
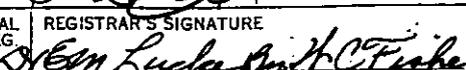


FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9810

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>94</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>RFD #2 Palmyra, Mo. 06701</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W.</u> c. (Last) <u>Rawlings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov, 7 1875</u>		9. AGE (In years last birthday) <u>80 yrs</u>	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>William Rawlings</u>			13b. MOTHER'S MAIDEN NAME -----		14. NAME OF HUSBAND OR WIFE <u>Nancy E. Rawlings</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Rawlings RR#2 Palmyra 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, athermia, 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>Terminal Bronchial pneumonia</u>				DUE TO (b) <u>Chr. pyelitis and cystitis</u>				<u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				<u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>9/17/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatectomy. Hypertrophy of prostate.</u>				20. AUTOPSY? <u>#</u> 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) (Min.)		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 <u>9/12/49</u> , 19 <u> </u> , to <u>3/17/56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3/16/56</u> , 19 <u> </u> , and that death occurred at <u>1:30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE 				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hannibal, Missouri</u>		
23c. DATE SIGNED <u>3/19/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Campbell Cemetery, Ill</u>		
24d. LOCATION (City, town, or county) (State) <u>Near Jacksonville Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE 				ADDRESS <u>Hannibal, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/19/56</u>		REGISTRAR'S SIGNATURE 		(Licensed Embalmer's Statement on Reverse Side)				

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

RECEIVED MAR 24 1956
MARION CO. HEALTH DEPT.
DATE FILED MAR 24 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.....
A. M. C. [Signature]

Licensed Embalmer No.....38

P. O. Address Ha nnibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.