

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33697

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 928

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Harrison</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>North Vine</b>	
Length of stay in lb <b>14 hrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>GUY</b> First Middle Last			4. DATE OF DEATH <b>October 11, 1956</b> Month Day Year		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 8, 1909</b>	9. AGE (In years last birthday) <b>47</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mayor &amp; Used Car Business</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>X Jasper, Arkansas -</b>	
13. FATHER'S NAME <b>X H. B. Raulston</b>			14. MOTHER'S MAIDEN NAME <b>Belle Gage</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>X Yes W.W. 2</b>		16. SOCIAL SECURITY NO. <b>431-12-3290</b>		17. INFORMANT <b>X Martha Nixon Raulston- wife</b> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary atelectasis, bilateral</b> <b>Traumatic Pneumothorax</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractures left 2nd, 3rd, 4th, 5th &amp; 6th ribs</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>15 hrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Fracture, compound, neck of left humerus</b> <b>Fracture, comminuted, right femur</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>One Car Accident</b>	
20c. TIME OF INJURY Hour <b>6:15 p</b> Month <b>Oct</b> Day <b>10</b> Year <b>56</b> a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #160</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Christian County, Missouri</b> COUNTY STATE	

21. I attended the deceased from **10/10/56** to **10/11/56** and last saw **him** alive on **10/11/56**  
Death occurred at **9:05 am** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>James D. Horton M.D.</b> (Degree or title)	22b. ADDRESS <b>Springfield, Mo.</b>	22c. DATE SIGNED <b>X 10/16/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/11/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maplewood Cemetery</b>
23d. LOCATION (City, town, or county) <b>Harrison, Arkansas</b>		(State)

24. FUNERAL DIRECTOR <b>L. C. Holt Funeral Home</b> ADDRESS <b>Harrison, Ark.</b>	25. DATE RECD. BY LOCAL REG. <b>10-19-56</b>	26. REGISTRAR'S SIGNATURE <b>Emitt Williamson</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED  
MAY 10 1924

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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. Ches. Hart*.....

Licensed Embalmer No. *Arly*.....

P. O. Address *Harris*.....

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.