THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40733
STATE FILE NUMBER 57

FILED DEC 31 1956

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 436 South "C" St City Street Length of stay in Institution 46 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff 0124 Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1111 Maud St. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ATHEL Middle ATWOOD Last RAULSTON

4. DATE OF DEATH Month Day Year 12-16-1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9-3-1887
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (City and state or country) S. Pittsburg, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Abraham L. Raulston
14. MOTHER'S MAIDEN NAME Martha C. Gilliam

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yesl (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT Address: 1111 Maud Poplar Bluff
Mrs. Nell Raulston

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 20 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c) Hypertension — 15 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Previous coronary attacks 4 201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1956 to 16 Dec 55 and last saw him alive on 12 Dec 55
Death occurred at 8:00a m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Emil A. Rost (Degree or title) MD
22b. ADDRESS Poplar Bluff, Mo.
22c. DATE SIGNED 21 Dec 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-18-1956
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
DEC 28 1956
BUTLER CO. HEALTH CENTER

FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guy P. Adams

Licensed Embalmer No. 49

P. O. Address Poplar Blu

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