

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023025  
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 226

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1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bonne Terre</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp.</b> Length of stay in 1b <b>4 days</b>		d. STREET ADDRESS <b>RFD#1</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <b>JUNE ELAINE RAWSON</b>			4. DATE OF DEATH <b>June 5, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 1, 1958</b>
9. AGE (In years last birthday) <b>0</b> MONTHS <b>0</b> DAYS <b>0</b> HOURS <b>0</b> MIN.		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Bonne Terre, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Clyde Rawson</b>	
13b. MOTHER'S MAIDEN NAME <b>Roberta Ruth Thurman</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Wm. C. Rawson</b>		Address <b>Rt 1 Bonne Terre, Mo.</b>	
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>1 Congenital</b> <b>2 Coronary vascular damage (suspected)</b> <b>3 Atelectasis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>3 Premature birth (30 weeks) Rutherford</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <b>7605</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>4 days</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 <b>June 1, 1958</b> to <b>June 5, 1958</b> and last saw her alive on <b>June 5, 1958</b> Death occurred at <b>9:45 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J.L. Foster</b> (Degree or title) <b>MS</b>		22b. ADDRESS <b>Desloge, Mo</b>	
22c. DATE SIGNED <b>6-6-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>June 6 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bonne Terre Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Bonne Terre, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>BOYER &amp; SON</b> Address <b>Bonne Terre, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 6, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		(Licensed Embalmers' Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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.

" BODY NOT EMBALMED "

Student .....  
Signature of Student Embalmer

Signed *B. T. Boyer* .....

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo. ....

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.