

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 JURY DIVISION OF HEALTH - STANDARD, CERTIFICATE OF DEATH

-60-009686

FILED VS MAR 2 1960

Registration District No. 366 Primary Registration District No. \_\_\_\_\_ Registrar's No. 24 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WASHINGTON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KINGSTON</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>BLACKWELL, MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hy 21 N. of 47</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u>	
3. NAME OF DECEASED (Type or print) First <u>ALTA</u> Middle <u>MARIE</u> Last <u>RAWL</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>25</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-26-39</u>	9. AGE (last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Tiff. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES RAWL</u>		13b. MOTHER'S MAIDEN NAME <u>ALTA DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>James Rawl Sr Blackwell, Mo</u> 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) <u>Bronchial Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>1957</u> to <u>Feb 24, 1960</u> and last saw her <u>live</u> on <u>Feb. 24, 1960</u> Death occurred at <u>3:00 Feb 25/1960</u> am on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>A E Pierre, D.O</u> (Degree or title)			22b. ADDRESS <u>105 Easton Doster, Mo</u>		22c. DATE SIGNED <u>2-27-60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/27/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST JOACHIM</u>	23d. LOCATION (City, town, or county) (State) <u>OLD MINES MO</u>		
24. FUNERAL DIRECTOR <u>MAHN Funeral Home</u> ADDRESS <u>De Soto MO</u>		25. DATE RECD. BY LOCAL REG. <u>2/27/60</u>	26. REGISTRAR'S SIGNATURE <u>N W Kirkmull</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 27 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Serald J. Mahr

Licensed Embalmer No. 4975

P. O. Address Desoto, Ga

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.