MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000098
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 8

FILED JAN 15 1962

AMENDED.

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA Audrain County Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 200 S. Mississippi — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MERTIE Middle KATE Last RAWLINGS

4. DATE OF DEATH Month January Day 10, Year 1962

5. SEX Female
6. COLOR OR RACE Cauc.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-11-78
9. AGE (last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (City and state or country) Audrain County, Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Will Harshbarger
13b. MOTHER'S MAIDEN NAME Alice Dolan
14. NAME OF HUSBAND OR WIFE Charles Rawlings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Chas Rawlings, Address Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) — Cerebral vascular accident c hemiplegia — 12 hours.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) — Embolic phenomenon — 12 hours.
DUE TO (c) — Myocardial failure — 1 week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis generalized.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 1-2-62, to 1-10-62 and last saw her alive on 1-10-62
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold D Lanteford MD
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 1-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-12-62
23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park
23d. LOCATION (City, town, or county) Mexico, (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Jan 10-1962
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF	DOCUMENT

Harold D Lanteford MD

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 Richard T. McDonald

Licensed Embalmer No. 4825

P. O. Address Wayne Pa

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.