

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019233

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5578 Registrar's No. 258

FILED MAY 29 1962

AMENDED

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59
1 1000
2 1005
3
4 0
5 3
6
7 1
8 2
9 298
10 42
11 700
12 291.3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BLUE TOWNSHIP- | | Length of stay in 1b Few Hours | c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GIBSON LAKE-24th-Way & Bundshu Rd | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1013 APPLETON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First CLARENCE Middle N. Last RAWLES | | 4. DATE OF DEATH Month MAY Day 20, Year 1962 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 9-8-1928 |
| 9. AGE (last birthday) 33 | | 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) MECHANIC | | 10b. KIND OF BUSINESS OR INDUSTRY STANLEY OLDSMOBILE | 11. BIRTHPLACE (City and state or country) HIGHLAND, KANSAS |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME JOSEPH E. RALES, SR. | |
| 13b. MOTHER'S MAIDEN NAME LEILA PEARL SHEILDS | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII | | 16. SOCIAL SECURITY NO. <input type="checkbox"/> | |
| 17. INFORMANT Leila Rawles, 1310 Appleton, Indep., Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot from swimming Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 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.) Dived into deep water - | |
| 20c. TIME OF INJURY Hour a.m. p.m. 5-2062 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> False | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) False | | 20f. CITY, TOWN, OR LOCATION Independence Mo | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) Geo C. Carson, M.D. Physician | | 22b. ADDRESS 6677 Frank St. S. E. Okla | |
| 22c. DATE SIGNED 5-20-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 5-23-62 | 23c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEMETERY | 23d. LOCATION (City, town, or county) (State) HIGHLAND, KANSAS |
| 24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO. | | 25. DATE RECD. BY LOCAL REG. 5-23-62 | 26. REGISTRAR'S SIGNATURE Alba L. Craig |

JUN 4 1962

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. 4534

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Shelby, 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.