

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2395

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farmington</u> TOWN <u>RURAL</u> <u>St. Francois</u>		c. LENGTH OF STAY (In this place) <u>lyr. mos. das.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Senath</u> TOWN <u>Senath</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) <u>ALICE</u>	a. (First)	b. (Middle)	c. (Last) <u>-RAINEY</u>	4. DATE OF DEATH <u>Jan. 1, 1949</u>
				(Month) (Day) (Year)

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 8, 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Yuma, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
--	---	--	---

13a. FATHER'S NAME <u>Thomas Holmes</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Bolen</u>	14. NAME OF HUSBAND OR WIFE <u>William George Rainey</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 das.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Fractured right hip 12-26-48.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>6903</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital Ward</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Farmington St. Francois Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-26-48 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient fell out of chair.</u>

22. I hereby certify that I attended the deceased from Dec. 26, 1948 to Jan. 1, 1949, that I last saw the deceased alive on Jan. 1, 1949, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Bolman M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>1-5-49</u>
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Yuma, Tennessee</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-6-1949</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Home</u>	ADDRESS <u>Senath, Mo.</u>
--	--	---	----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940

RECEIVED

No. 4
149-6
1-10-49

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.

Signed Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.