

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35519

State File No.

NOV 12 1952

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>162</u>		
1. PLACE OF DEATH a. COUNTY <u>Lebanon Mo</u> <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CAMDEN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland Mo</u>		0150		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>Rural R #1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVIN</u>			b. (Middle) <u>E</u>		c. (Last) <u>RAIN WATER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 27 52</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10/5/1875</u>		
9. AGE (in years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Marion Rainwater</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Cramer</u>			14. NAME OF HUSBAND OR WIFE <u>Ollie Anderson</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Rainwater</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic lymphatic leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</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) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>May</u> , 1952, to <u>10-27</u> , 1952, that I last saw the deceased alive on <u>10-27</u> , 1952, and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B B Hurst M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>11-3-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montreal</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-6-1952</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		424 FUNERAL DIRECTOR'S SIGNATURE <u>Bankston Wesley</u>		ADDRESS <u>Camdentown Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0532

NOV 8 1952

Received

Laclede County Health Unit

File No. 11-52-152

NOV 10 1952

Date Filed

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

.....
working under my personal supervision.

Student Embalmer No.

Signed

W. E. Holman

Signed

Student Embalmer

Licensed Embalmer No. 4107

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.