

No. 300
10.48

19640

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 12 1954

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 578F Registrar's No. 32

0620

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

1. PLACE OF DEATH a. COUNTY <u>MARIES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MILLER</u>	c. LENGTH OF STAY (in this place) <u>4:30min</u>	c. CITY OR TOWN <u>MT-PLEASANT</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>gmi. N-W-VIENNA</u>		e. STREET ADDRESS (If rural, give location) <u>MT-PLEASANT 0660</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John-</u>	b. (Middle) <u>Andrew</u>	c. (Last) <u>RAINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>29 Sept 1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SAWMILL-Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (City and State or foreign Country) <u>Pandolph-Co-Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>JAMES-RAINS</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ZORA-RAINS</u>
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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'S SIGNATURE OR NAME <u>JRA-RAINS-Tusculumbia-Mo</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis-Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</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 <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from JUNE 15, 1954, to JUNE 29 1954, that I last saw the deceased alive on JUNE 29, 1954, and that death occurred at 12:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. Humphreys D.O.</u>	23b. ADDRESS <u>Tusculumbia-Mo</u>	23c. DATE SIGNED <u>6 July 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8 July 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELDON MO</u>	24d. LOCATION (City, town, or county) (State) <u>ELDON MO</u>
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DATE REC'D BY LOCAL REG. <u>7-9-54</u>	REGISTRAR'S SIGNATURE <u>Meline Howard</u>	188. <u>188</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McRay</u>	ADDRESS <u>ELDON MO</u>
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FEB 21 1958

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 *Keith M. Fays*
Licensed Embalmer No. *3998*
P. O. Address *Eldon*

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.