No. 300
10-48

FILED OCT 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30987

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY: Jackson County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Township
c. LENGTH OF STAY (in this place): 19 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 803 West South Ave.
d. STREET ADDRESS (If rural, give location): Independence, 7 oc 1

3. NAME OF DECEASED (Type or Print)
a. (First): Allie
b. (Middle): Mae
c. (Last): Rains

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 20, 1891
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 11, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maysville, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel E. Hess
13b. MOTHER'S MAIDEN NAME: Cora Beatty
14. NAME OF HUSBAND OR WIFE: John Rains

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'S SIGNATURE OR NAME: Ray Coffman — ADDRESS: Kimball, Nebr

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Old Rheumatic Fever
DUE TO (c): Hydro thorax

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5192
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 17, 1954, *to* Oct. 7, 1954, *that I last saw the deceased alive on* Oct. 7, 1954, *and that death occurred at* 2:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Keith, M.D.
23b. ADDRESS: R#4 Independence, Missouri
23c. DATE SIGNED: 10/7/1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 8, 1954
24c. NAME OF CEMETERY OR CREMATORY: Laredo Cemetery
24d. LOCATION (City, town, or county) (State): Laredo, Mo

DATE REC'D BY LOCAL REG.: 10-8-54
REGISTRAR'S SIGNATURE: M B Langsford 4 3 0
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson L. Kepley — ADDRESS: Indep Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed Wilson L. Kepley

Licensed Embalmer No. 4225

P. O. Address Bridgeville Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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