

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2225

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6009 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> <u>3</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hi-Way 13 4 Miles S. of Collins</u>		c. LENGTH OF STAY (in this place) <u>3</u>	c. CITY OR TOWN <u>Dunnegan</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 HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			e. STREET ADDRESS (If rural, give location) <u>R. F. D. # 1</u> <u>0200</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>		b. (Middle) <u>J.</u>	c. (Last) <u>Rains</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-30-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-29-31</u>	9. AGE (in years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Alva Rains</u>		13b. MOTHER'S MAIDEN NAME <u>Alpha Cacy</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>8-8-52-7-20-54</u>		16. SOCIAL SECURITY NO. <u>492-40-9958</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alva Rains R 1 Dunnegan, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basil Skull Fracture</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) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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>Highway # 13</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4 miles South Collins</u> <u>093</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-30-54 12:45 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Overturned</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:45 A</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James R. Madril, Coroner</u>		23b. ADDRESS <u>Osceola Mo</u>		23c. DATE SIGNED <u>1-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tinker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-1-55</u>	REGISTRAR'S SIGNATURE <u>J. Seavers</u> <u>288-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heckwith Funeral Home, Humansville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 25 1955
1 4 1955

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..... *O. H. Beckwith*

Licensed Embalmer No. *393*

P. O. Address *Humansville*

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.