

FILED FEB 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5823

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. CITY OR TOWN Humansville	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 hrs.		e. STREET ADDRESS (If rural, give location) 0840	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Geo. Dimmitt Men. Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Willie	b. (Middle)	c. (Last) Rains	4. DATE OF DEATH (Month) (Day) (Year)	2 15 55
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Sep. 7, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 5 Days 3	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Humansville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Carl Rains	13b. MOTHER'S MAIDEN NAME Henrietta Walters	14. NAME OF HUSBAND OR WIFE --
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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) --	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Harrison Rains	ADDRESS Humansville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2/13**, 1955, to **2/15**, 1955, that I last saw the deceased alive on **2/15**, 1955, and that death occurred at **9:00 Pm.** from the causes and on the date stated above.

23a. SIGNATURE H. S. Roberson (Degree or title) M. D.	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 2/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/17/55	24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	24d. LOCATION (City, town, or county) (State) Humansville, Mo.
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DATE REC'D BY LOCAL REG. Feb 19, 1955	REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon	25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home	ADDRESS Humansville Mo.
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(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.....
Signature of Student Embalmer

Signed... *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Hannover*

**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.**