

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12786

State File No.

FILED APR 27 1955 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u>	
b. CITY OR TOWN <u>Caruthersville</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Caruthersville</u> <small>(If rural, give location)</small>	
c. LENGTH OF STAY <u>Life</u> <small>(In this place)</small>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
e. STREET ADDRESS <u>803 Thoretta</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Lennie</u>	b. (Middle) <u>M</u>	c. (Last) <u>Rains</u>	(Month) (Day) (Year) <u>4-16-55</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-14-1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Broggocasio Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Bud Blankenship</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Holt</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Estelle Miller</u>	ADDRESS <u>Caruthersville</u>
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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 <u>78 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute food poisoning</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.		<u>0492</u>	

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) <u>None</u>	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>Caruthersville Remick Mo.</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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 4-16-1955, to 4-16-1955, that I last saw the deceased alive on 4-16-1955 and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>O. W. Cook M.D.</u>	23b. ADDRESS <u>Caruthersville Mo.</u>	23c. DATE SIGNED <u>4-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-27-55</u>	REGISTRAR'S SIGNATURE <u>Glyde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samson and Co. Steel, Mo.</u>	ADDRESS <u></u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-136-55

APR 23 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
SPRINGFIELD, MO.

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 *John H. German*

Licensed Embalmer No. *435*

P. O. Address *Hayti*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.