

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1754

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 104

Primary Registration District No. 3032

Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg,</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Knobnoster, Missouri</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warrensburg Medical Center, 6 Weeks</i>		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS <i>R.R. No. 1,</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM LEE RAINY</i>			4. DATE OF DEATH Month Day Year <i>January 5th. 1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 24, 1923</i>	9. AGE (In years last birthday) <i>33</i> IF UNDER 1 YEAR: Months Days Hours Mins. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine Operator,</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ditch digger,</i>	11. BIRTHPLACE (City and state or country) <i>Knobnoster, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U..S.A.</i>
13. FATHER'S NAME <i>John Rainey</i>			14. MOTHER'S MAIDEN NAME <i>Helen Dillon</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no no</i>		16. SOCIAL SECURITY NO. <i>486-26-9909</i>	17. INFORMANT Address <i>Mrs. Thelma Rainey, Knobnoster, Missouri</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Brain Injury</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 Weeks.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <i>Automobile accident, north of Knobnoster, Johnson County Missouri,</i>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Electrolyte Dysbalance</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>NO</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Auto Accident,</i>			
20c. TIME OF INJURY Hour Month, Day, Year <i>Nov. 24, 56</i>		<i>051</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Johnson Co. Mo. North of Knobnoster, Missouri,</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>on his home from work II-24-56 to I-5-1957</i> and last saw <i>him</i> alive on <i>I-5-57</i> Death occurred at <i>2:45 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Teeth D. Jones</i>			22b. ADDRESS <i>M.d. Warrensburg, Missouri.</i>		22c. DATE SIGNED <i>I-5-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>I-7-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Knobnoster Cemetery,</i>		23d. LOCATION (City, town, or county) (State) <i>Knobnoster, Missouri.</i>
24. FUNERAL DIRECTOR ADDRESS <i>R.A. Brauning, Warrensburg, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 5, 1957</i>		26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 31 1957

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 me..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. W. Baudinger.....

Licensed Embalmer No. 337

P. O. Address W. W. Baudinger

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.