

STANDARD CERTIFICATE OF DEATH

856

STATE FILE NUMBER

FILED JAN 14 1958

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		c. CITY OR TOWN <u>Albany</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gentry County Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>2 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Ray</u> Last <u>Rainbolt</u>			4. DATE OF DEATH Month <u>January</u> Day <u>10</u> Year <u>1958</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 27. 1899</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>03</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>blacksmith</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Rainbolt</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Snead Rainbolt</u>
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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) <u>unknown</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ray Rainbolt</u>	Address <u>Kansas City, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hydrostatic Pæumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
DUE TO (b) <u>Cerebral Hemorrhage</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>Jan. 2, 1958</u> to <u>Jan. 10, 1958</u> and last saw <u>him</u> alive on <u>Jan. 10, 1958</u> Death occurred at <u>1:30</u> Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. O. Merrill</u> (D, M, or title) <u>2</u>	22b. ADDRESS <u>Albany, Missouri</u>	22c. DATE SIGNED <u>Jan-11-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Jan. 12, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>	23d. LOCATION (City, town, or county) (State) <u>Harrison Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>Clifford Brooks, Albany, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 22 1958

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 byme....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No.4868.....

P. O. Address...Albany, Mo......

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.