

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047342
STATE FILE NUMBER

FILED MAY 28 1959 Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Mc Donagh	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stehha		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JANE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDWEH MEM. HOP		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) IRUEAH

3. NAME OF DECEASED (Type or print) First Middle Last William A. Rains			4. DATE OF DEATH Month Day Year 12-30-1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1877	9. AGE (In years at birthday) 81	IF UNDER 1 YEAR Months 11 Days 15	IF UNDER 24 HRS. Hours 15 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 JANE	11. BIRTHPLACE (City and state or country) BATES Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME THOMAS RAINS	13b. MOTHER'S MAIDEN NAME MARY RICHARDSON	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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Address RONALD RAINS JANE, Mo
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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) Medullary PARALYSIS		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Anoxia	
	DUE TO (c) ARTERIOsclerotic Cardiovascular disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 12-14-58 to 12-30-58 and last saw him alive on 12-30-58 Death occurred at 12:07 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE CP Holman D.D. (Degree or title)	22b. ADDRESS Stella, Missouri	22c. DATE SIGNED 5-8-59

23a. BURIAL, CREMATION, or ENOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or country) (State)
BURIAL	1-1-1959	WHITE ROCK CEM	JANE Mo.

24. FUNERAL DIRECTOR HUMPHREY + SON ADDRESS J. Home	25. DATE RECD. BY LOCAL REG. 5-12-59	26. REGISTRAR'S SIGNATURE Mildred Moberly
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DISTRICT File Number 359-85
Date Filed MAY 26 1969

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 Maureen B. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville

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.