

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009245

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5564 Registrar's No. 26

FILED APR 1 1959

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Union		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt #C near Annapolis		Length of stay in 1b 12 yrs.	d. STREET ADDRESS (If outside, give location) Rt #C 4 mi. SE of Annapolis		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT FRANKLIN RAINS			4. DATE OF DEATH Month Day Year Mar 13 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 21 1903		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker		10b. KIND OF BUSINESS OR INDUSTRY lumber	11. BIRTHPLACE (City and state or country) Butler Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Rains		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Opal Rains	
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.		17. INFORMANT Address Opal Rains, Annapolis Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcinoma of lung with metastasis to liver					INTERVAL BETWEEN ONSET AND DEATH 163 X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour .Month, Day, Year 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	
21. I attended the deceased from <u>April 29-59</u> to <u>March 9, 59</u> and last saw him alive on <u>March 9, 1959</u> Death occurred at <u>11.45 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. H. Clune M.D.			22b. ADDRESS Piedmont Mo		22c. DATE SIGNED 3/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-15-59		23c. NAME OF CEMETERY OR CREMATORY Collins Cemetery	
				23d. LOCATION (City, town, or county) (State) Annapolis Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.			25. DATE RECD. BY LOCAL REG. 3-22-59		26. REGISTRAR'S SIGNATURE Mr. Aris Jones

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 1 1959

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 Max N. White, Student Embalmer No. 561 working under my personal supervision.

Student Max N. White
Signature of Student Embalmer

Signed Amos J. White

Licensed Embalmer No. 3012

P. O. Address London, Miss

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.