

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028844

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 4182 Registrar's No. 193
FILED AUG 21 1961

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Haven</u>		Length of stay in lb <u>30 Years</u>	c. CITY OR TOWN <u>New Haven</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>W. Rainey</u> Last _____			4. DATE OF DEATH Month <u>August</u> Day <u>13</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>8-30-1888</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Government Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ammunition Plant</u>	11. BIRTHPLACE (City and state or country) <u>Thompsonville Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>G. S. Rainey</u>		13b. MOTHER'S MAIDEN NAME <u>Madeline Odel</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

17. INFORMANT Mrs. Pauline Quick New Haven Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Shot wound (shotgun)
 DUE TO (b) left chest
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Intox

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Shot self in

20c. TIME OF INJURY Hour 7:00 a.m. Month, Day, Year 8/13/61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE
New Haven Franklin Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) [Signature] ADDRESS Grand Union Mo 22c. DATE SIGNED 8/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 16, 1961 23c. NAME OF CEMETERY OR CREMATORY New Haven Cem. 23d. LOCATION (City, town, or county) (State) New Haven Mo.

24. FUNERAL DIRECTOR ADDRESS F. C. Fertig & Son New Haven Mo. 25. DATE RECD. BY LOCAL REG. 8/13/61 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 22 1961

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

Earl C. Dutey

Licensed Embalmer No. _____

5385

P. O. Address _____

New Haven

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.