

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043907

STATE FILE NUMBER

Filed **JAN 2 1967** Primary Registration District No. **4107** Registrar's No. **70**

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

| | | | | | | | |
|--|--|---|--|---|--|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Cedar | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Clair | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs | | Length of stay in 1b 10 days | | c. CITY OR TOWN Collins | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar County Mem; Hosp; | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3 Mi- West | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Clarence E. Rainey | | | | 4. DATE OF DEATH Month Day Year Dec; 26, 1961 | | | |
| 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 7/22/1961 | |
| 9. AGE (last birthday) 50 | | IF UNDER 1 YEAR Months Days Hours Min. | | 11. BIRTHPLACE (City and state or country) Collins Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | |
| 13a. FATHER'S NAME George Rainey | | | | 13b. MOTHER'S MAIDEN NAME Clara Smith | | 14. NAME OF HUSBAND OR WIFE Martha Rainey | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 17. INFORMANT Address Martha Rainey, Collins Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Tamponade | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma of Lung | | | | | | | |
| DUE TO (c) Terato-carcinoma of the Testicle | | | | | | | |
| 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input 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.) | | | |
| 20c. TIME OF INJURY Hour Month Day Year 2:00 p.m. 12-14-61 | | | | | | | |
| 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 12-14-61 to 12-26-61 and last saw him alive on 12-25-61 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Robert E. Mager M.D. | | | | 22b. ADDRESS El Dorado Springs Mo | | 22c. DATE SIGNED 12/27/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/28/61 | | 23c. NAME OF CEMETERY OR CREMATORY Holsapple | | 23d. LOCATION (City, town, or county) (State) Collins Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Goodrich Funeral Home, Osceola Mo. | | | | 25. DATE RECD. BY LOCAL REG. 12/28/1961 | | 26. REGISTRAR'S SIGNATURE John L. Overham, Act. Registrar | |

JAN 31 1962

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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Greenville, SC

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.