

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAR 3 1949

BIRTH NO. 48-3507R REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 11

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Little Prairie Mo</u> OR TOWN <u>Caruthersville Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville Rural</u> OR TOWN <u>Little Prairie Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		d. STREET ADDRESS <u>Rural Route 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elois</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Rainey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>June 18, 1948</u>	9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Months <u>26</u> IF UNDER 12 HRS. Hours <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Dee Rainey</u>	13b. MOTHER'S MAIDEN NAME <u>Edna McTernan</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dee Rainey</u>	ADDRESS <u>Caruthersville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (?)</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Baby was dead when first seen)</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>49 3/4</u>			

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from Feb. 14, 1949, to Feb. 14, 1949, that I last saw the deceased alive on -, 19-, and that death occurred at - m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. J. Quinn, M. D.</u>	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>2-19-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 21, 1949</u>	REGISTRAR'S SIGNATURE <u>Frederic B. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Smith</u>	ADDRESS <u>Funeral Home Caruthersville, Mo.</u>
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**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 \_\_\_\_\_

*Body was not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, fact should be so stated above.