

63
No. 300
10. 48

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 605
Registrar's No. 12

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

I. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Monroe

b. CITY OR TOWN Jefferson City c. LENGTH OF STAY (In this place) 8 days

c. CITY OR TOWN Lipton, Mo d. STREET ADDRESS Main St.

d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital

3. NAME OF DECEASED
a. (First) Josephine b. (Middle) Rainen c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) Jan. 17-1951

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** May 29, 1878 **9. AGE** (In years last birthday) 72 Months 1 Days 18 If under 1 year: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** own **11. BIRTHPLACE** (State or foreign country) Kansas City, Mo **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Ed. Dubber **13b. MOTHER'S MAIDEN NAME** Mary Lutz **14. NAME OF HUSBAND OR WIFE** Ed. Rainen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, enter unknown) (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** 286 **17. INFORMANT'S SIGNATURE OR NAME** W.N. Rainen **ADDRESS** Lipton, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - lobes left

INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Jan 9, 1951, to Jan 17, 1951, that I last saw the deceased alive on Jan 17, 1951, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.B. Childs M.D. **23b. ADDRESS** Jefferson City Mo **23c. DATE SIGNED** Jan 17 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** Jan 17 1951 **24c. NAME OF CEMETERY OR CREMATORY** Lipton Mo Cemetery **24d. LOCATION** (City, town, or county) (State) Lipton, Mo, (Mo)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 17-1951 R.P.R. Price MA - No. **25. FUNERAL DIRECTOR'S SIGNATURE** Victor Buescher **ADDRESS** Jefferson City Mo

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

RECEIVED 1-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1-22-51 -----

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 -----

working under my personal supervision.

Student Embalmer No.

Signed

Victor Buescher

Signed

Student Embalmer

Licensed Embalmer No. 3701

P. O. Address

Jefferson City Mo

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.