No. 300
10.48

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9631

BIRTH NO. — REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 34

1840

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

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play, 0840
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): B.
c. (Last): Rains

4. DATE OF DEATH (Month) (Day) (Year): Mar. 5 1951

5. SEX: Male ()
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 16 1872
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richland, Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W. Rains
13b. MOTHER'S MAIDEN NAME: Elizabeth Henry
14. NAME OF HUSBAND OR WIFE: Preshie Rains, Fair Play

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Preshie Rains, Fair Play, Mo.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with general metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 180 X

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) m.
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* Nov 30, 1950 *to* 3-5, 1951, *that I last saw the deceased alive on* Jan 20, 1951, *and that death occurred at* 7:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] O MD
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: 3-7 1951
24c. NAME OF CEMETERY OR CREMATORY: Lindley Prairie
24d. LOCATION (City, town, or county) (State): Bear Creek, Mo.

DATE REC'D BY LOCAL REG.: Mar 7, 1950
REGISTRAR'S SIGNATURE: Ralph Gorden per Jewell Gorden 258
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Barker, Ewin & Blue Fair Play Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED MAR 14 19[illegible]
Dist. File 351-5-50
Date Filed 3-15-51

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.