

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **11646**

FILED APR 16 1951

S. No. 300  
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>379</b>
1. PLACE OF DEATH a. COUNTY <b>Ruchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2708 Jackson Street</b>		d. STREET ADDRESS (If rural, give location) <b>2708 Jackson Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Loretta</b>		b. (Middle) _____		c. (Last) <b>Rainey</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>April 4, 1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 19, 1878</b>	9. AGE (In years last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Berlin, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Orland Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Brown</b>		14. NAME OF HUSBAND OR WIFE <b>John J.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr Merrill M. Rainey 2708 Jackson</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Burning to death</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>6 9/160</b>
		ANTECEDENT CAUSES DUE TO (b) <b>None</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____		
		11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>None</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>131</b>		20. AUTOPSY? <b>no</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Joseph, Buchanan Mo,</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 4 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Burning papers and dress caught fire</b>
22. I hereby certify that I attended the deceased from <b>viewed</b> on <b>4/4/51</b> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:45Pm.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>A. W. Tadlock, M.D.</b>		23b. ADDRESS <b>Act, Cor, King Hill Bldg, St. Joseph</b>		23c. DATE SIGNED <b>4/5 "51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 6, 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ford City Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Ford City, Missouri</b>		
DATE REC'D BY LOCAL REG <b>Apr 11, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. East</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman W. Sidenfaden 1802 Union St</b>

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

---

---

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.

Signed \_\_\_\_\_

*Elmer Pharr*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.