

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12277**
REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **256**

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Polina	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunger Tunnelly Home			

3. NAME OF DECEASED a. (First) Sarah b. (Middle) Etta c. (Last) Rains		4. DATE OF DEATH (Month) (Day) (Year) April 21 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 26, 1869
9. AGE (In years last birthday) 82 Months 7 Days 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY House work	
11. BIRTHPLACE (State or foreign country) Fair Play Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John H. Akard	13b. MOTHER'S MAIDEN NAME Mary E. Jackson	14. NAME OF HUSBAND OR WIFE Arthur B. Rains
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Madeline Crow
		ADDRESS Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) 4500 F		
19. MAJOR FINDINGS OF OPERATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture right femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Springfield, Greene, Mo.	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Springfield, Greene, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 26, 1950** to **Apr. 14, 1951**, that I last saw the deceased alive on **Apr. 14, 1951**, and that death occurred at **6:52 p.m.** from the causes and on the date stated above.

23a. SIGNATURE D. Wilkey M.D.	23b. ADDRESS 609 Cherry St. Springfield, Mo.	23c. DATE SIGNED Apr 21 1951
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 23 1951	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) (State) Polina, Missouri	25. REGISTRAR'S SIGNATURE W. S. Landry M.D.	26. FUNERAL DIRECTOR'S SIGNATURE Ernest Blue
DATE REC'D BY LOCAL REG. 4-21-51	ADDRESS Polina, Mo.	

NOV 5 1953

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.....

Harold R. Erwin

Signed.....

Student Embalmer

Licensed Embalmer No. *3092*

P. O. Address *Polina, 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.