

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21006**

FILED JUN 18 1951

BIRTH NO. _____		REG. DIST. NO. <b>290</b>		PRIMARY REG. DIST. NO. <b>4427</b>		Registrar's No. <b>23</b>	
1. PLACE OF DEATH a. COUNTY <b>Palco</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Palco</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Waynesville</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Dixon</b>		0857	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waynesville general</b>				d. STREET ADDRESS (If rural, give location) <b>none</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mattie</b>		b. (Middle) <b>Susan</b>		c. (Last) <b>Rain</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 27 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>April 18 1882</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MO D</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William J Bryant</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>William A Cain</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edwin A Bryant Columbia MO</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular accident</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerotic hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b> <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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 <b>5-21</b> , 19 <b>51</b> to <b>5-27</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5-21</b> , 19 <b>51</b> and that death occurred at <b>10 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. Douglas M.D.</b> (Degree or title)				23b. ADDRESS <b>Dixon, Missouri</b>		23c. DATE SIGNED <b>1 June 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/29/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dixon</b>		24d. LOCATION (City, town, or county) (State) <b>Dixon, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6-12-51</b>		REGISTRAR'S SIGNATURE <b>Eula Mae Anderson</b> <b>458</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred H. Gilbert, Dixon, Missouri</b>			

0857

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

RECEIVED 6-18-51  
Pulaski County Health Officer  
File Number  
Date Filed 6-13-51

TEST 61 MAY

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.....

*May 27, 1951*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Rayl Gilbert Shirsbaen*  
Licensed Embalmer No. *4506*

Signed.....  
Student Embalmer

P. O. Address: *Dixon, Missouri*

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.