

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33307**

FILED NOV 14 1951

BIRTH NO. --- REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 137

402

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>1207 E 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1207 E 10th St</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 25 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>Catherine</u>	c. (Last) <u>Rains</u>	5. SEX <u>Female</u>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 10 1863</u>	9. AGE (In years last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Coffman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Grimes</u>	14. NAME OF HUSBAND OR WIFE <u>Abraham Rains</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Loretta Moore</u> ADDRESS <u>Laredo Mo</u>	
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) <u>Cardio-Vascular - Blood Vessels</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> 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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 <u>Jan 1st, 187</u> , to <u>Oct 25th, 1951</u> , that I last saw the deceased alive on <u>Oct 23rd, 1951</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver P. Juffer M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Oct 26-1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laredo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u>
DATE REC'D BY LOCAL REG. <u>10/27/51</u>	REGISTRAR'S SIGNATURE <u>Leone Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u> ADDRESS <u>Funeral Home Laredo Mo</u>	



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.....

J. Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address. Laredo 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.