

No. 39
10.48
FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11970
Registrar's No. 40

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5089

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Pleasant Gap, Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler Mo - 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant Gap, Twp</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOLLA</u> b. (Middle) <u>JUREAN</u> c. (Last) <u>RAINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>12-24-1879</u>
9. AGE (In years) (Months) (Days) <u>72 3 15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Butler Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hes. W. Rains</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET McManus</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Aden Bacon</u>		ADDRESS <u>Butler 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tropay (Bright's Disease)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insuff.</u>		<u>10 yrs.</u>	
DUE TO (c) <u>Nephritis</u>		<u>5 yrs.</u>	
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 <u>None Performed</u>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4222</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 15, 1944</u> to <u>Apr. 10, 1952</u> , that I last saw the deceased alive on <u>Apr. 10, 1952</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. O. Bjork</u>		23b. ADDRESS <u>Rockville, Mo.</u>	
23c. DATE SIGNED <u>4/10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rogers Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 1-15-52</u>		REGISTRAR'S SIGNATURE <u>Nendall Novak 17</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u>		ADDRESS <u>Capitan City, Mo.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.