

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43806

State File No.

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5910 Registrar's No. 13

I. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pemiscot Twp.</u> c. LENGTH OF STAY (In this place) <u>40 Min.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route 1 Caruthersville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pemiscot Twp.</u> <u>0780</u> d. STREET ADDRESS (If rural, give location) <u>Route 1 Caruthersville</u>	
3. NAME OF DECEASED a. (First) <u>Anita</u> b. (Middle) <u>Burnell</u> c. (Last) <u>Rainey</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>December 22, 53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 22, 1953</u>
9. AGE (In years last birthday) <u>1</u> if UNDER 1 YEAR Months <u>0</u> Days <u>0</u> if UNDER 24 Hrs. Hours <u>0</u> Mins. <u>40</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caruthersville Mo. Rt. 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Lee Rainey</u>	
13b. MOTHER'S MAIDEN NAME <u>Maud Adams</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>Robert Lee Rainey</u> ADDRESS <u>C'ville, Rt. 1</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Premature separation Placenta</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7625</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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 22, 1953, to Dec 29, 1953</u>, that I last saw the deceased alive on <u>Dec 27, 1953</u>, and that death occurred at <u>7:40 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Daniel R. Hensley</u>		23b. ADDRESS <u>114 W 4th St Caruthersville</u>	
23c. DATE SIGNED <u>12/26/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 23, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u> ADDRESS <u>Funeral Home C'ville. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-30-53</u>		REGISTRAR'S SIGNATURE <u>Theresa B. Wilford</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0780

D.R. Hensley

FILED JAN 4 1954

12-407-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 31 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.

This body was not embalmed

Student Embalmer No.

Student
Student Embalmer

Signed *W. Denver Pike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.