

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19888

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>3 YRS</u>	c. CITY OR TOWN <u>SEDALIA</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1701 S. MISSOURI</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>RAINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 31, 1872</u>
9. AGE (In years last birthday) <u>82</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DALLAS COUNTY, MO.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>DALLAS COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	13. FATHER'S NAME <u>ISAAC RAINS</u>	
13. FATHER'S NAME <u>ISAAC RAINS</u>	13b. MOTHER'S MAIDEN NAME <u>SIRALDI HOOVER</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE P. 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 ADDRESS <u>RUTH RAINS SEDALIA, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho sarcoma</u> ANTECEDENT CAUSES <u>Undetermined</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Arteriosclerosis</u> 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>No operation.</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) _____	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>May 10, 1951</u> , to <u>June 27, 1954</u> , that I last saw the deceased alive on <u>June 26, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John E. Ramsey M.D.</u>		23b. ADDRESS <u>111 West 4th St Sedalia Mo</u>	23c. DATE SIGNED <u>6/28/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JUNE 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>REYNOLD CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>BUFFALO MO</u>
DATE REC'D BY LOCAL REG. <u>June 28, 1954</u>	REGISTRAR'S SIGNATURE <u>Lavina Coontz Dep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Bros, SEDALIA, MO</u>	

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

NOV 26 1938

JUL 7 1938

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James R. Ashken*

Licensed Embalmer No. *49*

P. O. Address *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.