No. 300
10.48

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8167

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 348

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 109 E. Elk St.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HENRY
c. (Last): RAINS

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 11, 1934
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not embloyed
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Hubert Rains
13b. MOTHER'S MAIDEN NAME: Pearl Helen Smith
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-34-6533
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Pearl Helen Rains, 109 E. Elk St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION St. Joseph, Mo.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra-cranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Laceration of brain
DUE TO (c) Multiple fractures Skull

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
8244
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20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Elwood 24 Doniphan Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 23 - 56 11.00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: one car auto accident

22. *I hereby certify that I attended the deceased from* 3-23, 1956, *to* 3-24, 1956, *that I last saw the deceased alive on* 3-24, 1956, *and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Chard L Magnin M.D.
23b. ADDRESS: Physicians & Surgeons Bldg 216
23c. DATE SIGNED: 3-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-26-1956
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St. Josephm Missouri

DATE REC'D BY LOCAL REG.: Mar 29, 1956
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John E. Knipp, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

485

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or~~ by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin E. Bazan

Licensed Embalmer No. 47

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.