

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22620**BIRTH NO. _____ REG. DIST. NO. **6258** PRIMARY REG. DIST. NO. **370** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SILVA		c. CITY OR TOWN SILVA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 70yr		e. STREET ADDRESS (If rural, give location) 11180	
d. FULL NAME OF HOSPITAL OR INSTITUTION V			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) - WASHINGTON- c. (Last) RAINWATER			4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 7, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 10 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GREEN RAINWATER		13b. MOTHER'S MAIDEN NAME LURANE STEVENS		14. NAME OF HUSBAND OR WIFE MARY JANE RAINWATER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) V		16. SOCIAL SECURITY NO. V		17. INFORMANT'S SIGNATURE OR NAME HERBERT RAINWATER - LODI, MO		ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Stenosis		DUPLICATE		2 weeks
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		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		
		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"/>
		4.2.11		

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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 1, 1956**, to **May 26, 1956**, that I last saw the deceased alive on **May 26, 1956**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. S. Meyer, M.D.		23b. ADDRESS Coldwater, MO		23c. DATE SIGNED May 29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-28-56		24c. NAME OF CEMETERY OR CREMATORY BOUNDS CREEK	
24d. LOCATION (City, town, or county) SILVA		24e. (State) MO.			
DATE REC'D BY LOCAL REG. July 14-56		REGISTRAR'S SIGNATURE Luella M. Ward		25. FUNERAL DIRECTOR'S SIGNATURE Miss General Home ADDRESS Greenville MO	

(Licensed Embalmer's Statement on Reverse Side)

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

495

RECEIVED
JUN 18 1956
WAYNE CO. HEALTH CENTER
FILE No. _____

JUL 9 1956

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

Student.....
Signature of Student Embalmer

Signed Marvin E Bowles.....

Licensed Embalmer No. 4420

P. O. Address Piedmont

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.