

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35052**

BIRTH NO. _____		REG. DIST. NO. <b>292</b>		PRIMARY REG. DIST. NO. <b>4424</b>		Registrar's No. <b>117</b>	
1. PLACE OF DEATH a. COUNTY <b>Polk</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humansville</b>		c. LENGTH OF STAY (in this place) <b>12 days</b>		c. CITY OR TOWN		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Geo. Dimmitt Mem. Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>Rt. 1, Dunnegan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edna</b> b. (Middle) <b>Lola</b> c. (Last) <b>Rains</b>			4. DATE OF DEATH (Month) <b>10</b> (Day) <b>28</b> (Year) <b>1956</b>				
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>9/8/1909</b>	
9. AGE (In years last birthday) <b>47</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Wilburton, Okla.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Wilburton, Okla.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Bert Carr</b>		13b. MOTHER'S MAIDEN NAME <b>Bertie McMinn</b>	
13a. FATHER'S NAME <b>Bert Carr</b>		13b. MOTHER'S MAIDEN NAME <b>Bertie McMinn</b>		14. NAME OF HUSBAND OR WIFE <b>J. Emmett</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. Emmett Rains, Dunnegan, Mo.</b>			
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 I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma of Lung.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Left Breast</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170X</b>				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?			
22. I hereby certify that I attended the deceased from <b>October 19, 1955</b> to <b>10/28</b> , 1956, that I last saw the deceased alive on <b>10/28</b> , 1956 and that death occurred at <b>8:10</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>G. H. Robinson MD</b>				23b. ADDRESS <b>Humansville, Mo</b>		23c. DATE SIGNED <b>10/29/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/31/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Alder Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cedar County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 31, 1956</b>		REGISTRAR'S SIGNATURE <b>Ralph Gordon</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beckwith Funeral Home, Humansville, Mo.</b>			

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

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**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..... *O. H. Berkwith* .....

Licensed Embalmer No. *3937* .....

P. O. Address *Humansville* .....

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.