No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. 36065

BIRTH NO. 57446-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8987

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CHILDRENS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY WARREN
c. CITY OR TOWN WARRENTON
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) —
1099

3. NAME OF DECEASED (Type or Print) a. (First) BOBBY b. (Middle) DARRELL c. (Last) RAINWATER
4. DATE OF DEATH (Month) (Day) (Year) 9-28-56
5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH 9-23-56
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) WASHINGTON, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WM. RAINWATER
13b. MOTHER'S MAIDEN NAME ROSE LEE
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. Britton 500 S. KINGSHIGHWAY

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis & Prematurity — INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSE
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.

Examined by Reg. 10-1-56

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 774X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27-56 *19___, to* 9-28-56 *19___, that I last saw the deceased alive on* 9-28-56, *19___, and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. N. Middelkamp MD.
23b. ADDRESS Childrens Hospital
23c. DATE SIGNED 9-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 30, 1956
24c. NAME OF CEMETERY OR CREMATORY Warrenton City Cemetery
24d. LOCATION (City, town, or county) (State) Warrenton, Mo

DATE REC'D BY LOCAL REG. OCT 1 1956
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE F. W. Nieburg & Co. by John E. Herlinger
ADDRESS Warrenton, Mo.

MJB (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, or by ...Was not embalmed....., Student Embalmer No.....,

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...John E. Herlinge

Licensed Embalmer No.....

P. O. Address Warsente

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