FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1237 STATE FILE NUMBER 3525

Registration District No. 36V Primary Registration District No. 7533 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wright City — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: On U.S.Hiway #40 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Warren
c. CITY OR TOWN: Warrenton — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 109 — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Billy Middle: Sue Last: Rainwater

4. DATE OF DEATH Month: Jan. Day: 28 Year: 1957

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH:** Sept.17,1949 **9. AGE** (In years last birthday): 7 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: Public school
11. BIRTHPLACE (City and state or country): Jonesboro, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Rainwater
14. MOTHER'S MAIDEN NAME: Rosa Lee

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: Wm.E.Rainwater Address: Warrenton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Concussion of brain, — INTERVAL BETWEEN ONSET AND DEATH: Instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fracture of Cranium, fracture — with car
DUE TO (c) by accidentally running into rear of truck trailer, pa

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Running into truck trailer, with car striking head against instrument panel of car
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Public highway
20f. CITY, TOWN, OR LOCATION Wright City COUNTY 109 Warren STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr F.H.Kruggs D.C. Coroner
22b. ADDRESS Warrenton Mo
22c. DATE SIGNED 1-29-1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-30-57
23c. NAME OF CEMETERY OR CREMATORY: Warrenton Cemetery
23d. LOCATION (City, town, or county) (State): Warrenton, Missouri

24. FUNERAL DIRECTOR ADDRESS: F.W.Nieburg & Co.,Warrenton,Mo.
25. DATE RECD. BY LOCAL REG.: 1-30-57
26. REGISTRAR'S SIGNATURE: Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Sheriff, etc. are only authorized to certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Lieburg.....

Licensed Embalmer No. 38

P. O. Address Warrenton

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