

FILED MAR 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4223

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY DUNKLIN, MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN, MO.	c. LENGTH OF STAY (In this place) 25 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN	0351
d. FULL NAME OF HOSPITAL OR INSTITUTION 202 N. CLINTON		d. STREET ADDRESS (If rural, give location) 202 N. Clinton	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WILLIAM c. (Last) RAINWATER			4. DATE OF DEATH (Month) (Day) (Year) FEB. 14, 1957		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25, 1878		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) Wayne County in Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Floyd Rainwater		13b. MOTHER'S MAIDEN NAME Adeline Sevan		14. NAME OF HUSBAND OR WIFE Ada Rainwater	
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. 495-14-3278		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Rainwater	
ADDRESS Malden, Mo.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia				2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Carcinoma, prostate				2 years	
		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"/>	
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) MO.		177x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan, 1956 to Feb, 1957, that I last saw the deceased alive on Feb 14, 1957, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles S. Williams M.D.		23b. ADDRESS Malden, Missouri		23c. DATE SIGNED 15 Feb. 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-17-57	24c. NAME OF CEMETERY OR CREMATORY Memorial	24d. LOCATION (City, town, or county) (State) Malden, Mo.		

DATE REC'D BY LOCAL REG. 3-1-57		REGISTRAR'S SIGNATURE J. J. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DAY FUNERAL HOME MALDEN, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-4-57
COUNTY FILE NUMBER ..357-68.....

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
Student Embalmer

Signed J. D. Schuman
Licensed Embalmer No. 4086
P. O. Address Minden, Mo

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 this body is not embalmed, fact should be so stated above.