

Mo. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16332**
Registrar's No. **373**

FILED JUN 6 1957

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY OR TOWN Dexter	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 17 days		e. STREET ADDRESS (If rural, give location) 125 West Stoddard	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Omedia b. (Middle) Pinkney c. (Last) Rainey			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1957		
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 28, 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Days 4 IF UNDER 24 HRS. Hours 1 Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Jefferson Rainey		13b. MOTHER'S MAIDEN NAME Martha Neal		14. NAME OF HUSBAND OR WIFE Grace Rainey	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray W. Rainey, Dexter, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Decompensation Myocardial strain DUE TO (b) DUE TO (c) Gastric Resection		INTERVAL BETWEEN ONSET AND DEATH 3 days ?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 22 June 57		19b. MAJOR FINDINGS OF OPERATION 95% total obstruction of Pylorus -		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)		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 **15 June 1957**, to **2 May 1957**, that I last saw the deceased alive on **2 May 1957**, and that death occurred at **7:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Strickland M.D.		23b. ADDRESS 321 Oak Poplar Bluff Mo		23c. DATE SIGNED 21 May 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-57		24c. NAME OF CEMETERY OR CREMATORY Dexter	
		24d. LOCATION (City, town, or county) (State) Dexter, Missouri			

DATE REC'D BY LOCAL REG. 6/1/57		REGISTRAR'S SIGNATURE W. B. Strickland		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

489

RECEIVED

JUN 4 1957
BUTLER CO. HEALTH CENTER
FILE NO. _____

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 _____

Licensed Embalmer No. 34179

P. O. Address West

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.