

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047093

STATE FILE NUMBER

REGISTRATION DISTRICT No. 128 Primary Registration District No. 2000 Registrar's No. 1233

300  
-57 C

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural-Marion</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>	Length of stay in 1b <b>3 day</b>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Jennie</b> Middle <b>L.</b> Last <b>Rainey</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>21</b> Year <b>1958</b>		
--	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 26, 1874</b>	9. AGE (In years (birthdays)) <b>84</b>	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) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	---	---

13a. FATHER'S NAME <b>William E. Crawford</b>	13b. MOTHER'S MAIDEN NAME <b>Hilda Jane Tinder</b>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT <b>Mrs. Maurine Barnes, Halfway, Mo.</b>	Address
--	---------------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>H 260F</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>fell at nursing home in Bolivar</b>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <b>12 13 58</b>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>nursing home</b>	20f. CITY, TOWN, OR LOCATION <b>Bolivar</b>	COUNTY <b>Polk</b>	STATE <b>Missouri</b>
---	---	--	-----------------------	--------------------------

21. I attended the deceased from **14 Dec 58** to **20 Dec 58** and last saw her/him alive on **20 Dec 58**  
Death occurred at **1:05 a.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Chas M. Guillard M.D.</b>	(Degree or title)	22b. ADDRESS <b>103 Professional Bldg</b>	22c. DATE SIGNED <b>8 Jan 59</b>
--	-------------------	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 23, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bolivar, Mo.</b>
--	---------------------------------	---	--

24. FUNERAL DIRECTOR <b>Pittsford W. Bolivar</b>	ADDRESS <b>Bolivar, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>1-12-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
---	-------------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 19 19

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 *Edmund P. Pitts* .....

Licensed Embalmer No. *4939* .....

P. O. Address *Bolivar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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