

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004802

STATE FILE NUMBER

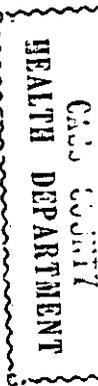
FILED MAR 11 1959 Registration District No. 59 Primary Registration District No. 5227 Registrar's No. 49

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1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PECULIAR TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN KANSAS CITY ³⁻⁵⁻⁵⁹
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2 YES 3703 WABASH
3. NAME OF DECEASED (Type or print) First EMMA Middle Last RAINFORD		4. DATE OF DEATH Month MAR Day 2 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 2 1965
9. AGE (In years last birthday) 93		F 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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) DAVENPORT IOWA
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHARLES EARSON	
13b. MOTHER'S MAIDEN NAME RISSETTE GEYER		14. NAME OF HUSBAND OR WIFE H.T. RAINFORD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ESNA RICHTER PLEASANT HILL MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH 15 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ARTERIO SCLEROSIS			10 YRS.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF RECTUM			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from MAR 2 1959 to MAR 2 1959 and last saw her alive on FEB 10 1959 Death occurred at 9:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		(Degree or title)	22b. ADDRESS HARRISONVILLE MO.
22c. DATE SIGNED MAR 2 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) MAR 5 - 1959		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer & Sons Kansas City MO
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO			
24. FUNERAL DIRECTOR D. W. Newcomer & Sons K. C. MO		25. DATE RECD. BY LOCAL REG. 3-5-59	26. REGISTRAR'S SIGNATURE Mrs Ray Sebrer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 *Albert J. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City, 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.