

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028621

STATE FILE NUMBER

FILED VS. AUG 28 1959 04

Primary Registration District No. 4176

Registrar's No. 27

1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY DUNKLIN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Length of stay in 1b 50 Yrs		c. CITY OR TOWN MALDEN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 N. CLINTON			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 202 N. CLINTON		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ADA Middle L. Last RAINWATER			4. DATE OF DEATH Month AUGUST Day 16 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"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-4-82	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES RHYNES			13b. MOTHER'S MAIDEN NAME MARY		14. NAME OF HUSBAND OR WIFE JAMES W. 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. UNKNOWN		17. INFORMANT Address SHIRLEY STRATTON ST. LOUIS, 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) CARDIAC DEGENERATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SENILITY DUE TO (c) ARTERIOSCLEROSIS						INTERVAL BETWEEN ONSET AND DEATH YEARS YEARS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour 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 6-29-59 , to 8-16-59 and last saw her alive on 8-8-59 Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS MALDEN-MO.		22c. DATE SIGNED 8-20-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-19-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Malden, Mo.			
24. FUNERAL DIRECTOR ADDRESS Day&Knight F. H. Malden, Mo.				25. DATE RECD. BY LOCAL REG. 8-21-59		26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

COUNTY FILE NUMBER 859-266

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Schuman
Licensed Embalmer No. 4086

P. O. Address Amsterdam

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