

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014689

FILED VS MAY 3 1960 99

Primary Registration District No. 4162 Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DeKalb b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maysville Length of stay in 1b Life c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North St Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb c. CITY OR TOWN Maysville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 PAUL Middle MICHAEL Last RAINEY			4. DATE OF DEATH Month April Day 21 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/16-50	9. AGE (last birthday) 9	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Maysville Mo.	12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Mendal Rainey			13b. MOTHER'S MAIDEN NAME Mildred Williamson		14. NAME OF HUSBAND OR WIFE XX		
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 Address Mendell Rainey, Maysville 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) Subarachnoid Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) probable Congenital Aneurysm. DUE TO (c) _____ 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					INTERVAL BETWEEN ONSET AND DEATH 1-2 min.		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. Month, Day, Year _____		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.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____	STATE _____		
21. I attended the deceased from 12-16-50 PP to 4-21-60 and last saw him alive on 4-21-60 * Death occurred at 7 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Stweiger M.D.</i> (Degree or title)			22b. ADDRESS Maysville Mo		22c. DATE SIGNED 4/22-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/24-60	23c. NAME OF CEMETERY OR CREMATORY Maysville		23d. LOCATION (City, town, or county) (State) Maysville Missouri		
24. FUNERAL DIRECTOR ADDRESS Filcher Funeral Home, Maysville Mo.			25. DATE RECD. BY LOCAL REG. 4/23-60	26. REGISTRAR'S SIGNATURE <i>Roscoe Davidson</i>			

DOCUMENT

MEDICAL CERTIFICATION

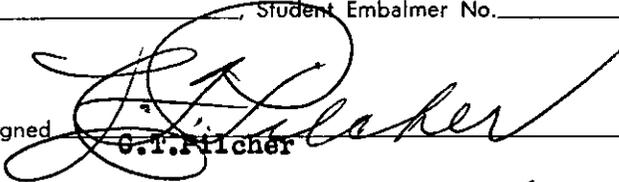
BY AFFIDAVIT OF

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  _____
G. I. Fischer

Licensed Embalmer No. 3960

P. O. Address Maysville 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.