

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-027082**

FILED VS. JUL 26 1960 149

Primary Registration District No. 1002

Registrar's No. 3651

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Manassas City</u> Length of stay in 1b _____ c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Manassas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3635 Montzall</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>LEON</u> Middle <u>Rainwater</u> Last _____			<b>4. DATE OF DEATH</b> Month <u>7</u> Day <u>12</u> Year <u>60</u>				
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
<b>8. DATE OF BIRTH</b> <u>11-17-1900</u>		<b>9. AGE</b> (last birthday) <u>59 yrs</u>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, when retired) <u>on extension</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and state or country) <u>Dallas, Texas</u>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13. FATHER'S NAME</b> <u>H. Rainwater</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emma Brown</u>			
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lena Rainwater</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> _____			
<b>17. INFORMANT</b> <u>Lena Rainwater</u>		<b>Address</b> <u>Montzall 3635</u>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> 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) _____ 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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____			
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____		<b>STATE</b> _____			
<b>21. I attended the deceased from</b> <u>7-1-60</u> to <u>7-12-60</u> and last saw him alive on <u>7-12-60</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> <u>H. I. Dwyer</u> (Degree or title) _____		<b>22b. ADDRESS</b> <u>2400 Cherry - K.C. Mo.</u>		<b>22c. DATE SIGNED</b> <u>7/12/60</u>			
<b>23a. BURIAL, CREMATION, OR REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>7-16-60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Lincoln</u>			
<b>23d. LOCATION</b> (City, town, or county) <u>Kans. City, Missouri</u>		<b>23e. STATE</b> _____		<b>24. FUNERAL DIRECTOR</b> <u>Wardner Bros</u> ADDRESS <u>18th &amp; Benton</u>			
<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-13-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Minchall</u>					

DOCUMENT

MEDICAL CERTIFICATION

H. I. Dwyer

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 Nicholas S. Green

Licensed Embalmer No. 4721

P. O. Address 18th Bent

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.