MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-007076
STATE FILE NUMBER

AMENDED

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 24

FILED FEB 21 1962

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pierce City, Mo.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Walnut Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lawrence
c. CITY OR TOWN: Pierce City, Mo. Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 507 Walnut Street Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elvin Middle: S. Last: Rains
4. DATE OF DEATH: Month Day Year: 2-2-1962
5. SEX: M
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-9-1915
9. AGE (last birthday): 46
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): Automobile Agency
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Merina Okla.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George A. Rains
13b. MOTHER'S MAIDEN NAME: Jessie Smith
14. NAME OF HUSBAND OR WIFE: Mrs. LaVerne Rains
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes W.W. 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs. LaVerne Rains Pierce City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumed to be natural Causes — INTERVAL BETWEEN ONSET AND DEATH: unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Investigated by Edwin Wilks
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
Coroner of Lawrence County Mo.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mrs P.N. Cook - Registrar
22b. ADDRESS: Monett Mo.
22c. DATE SIGNED: 2-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-3-1962
23c. NAME OF CEMETERY OR CREMATORY: Sunset Memoral Gardens
23d. LOCATION (City, town, or county) (State): Stillwater Okla.
24. FUNERAL DIRECTOR: Strode Funeral Home
ADDRESS: Stillwater, Okla.
25. DATE RECD. BY LOCAL REG.: Feb. 3-62
26. REGISTRAR'S SIGNATURE: Mrs P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

US MAY 11 1962

MAY 15 1962

MAY 17 1962

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 Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce 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.