

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005121

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 20

FILED MAR 5 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barton</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> . COUNTY <u>Vernon</u>                    |   |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>  |  | Length of stay in 1b <u>Few Minuts</u>  | c. CITY OR TOWN <u>Nevada</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Barton County Memorial Hospital</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (if outside, give location) <u>712 North Spring</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Alvin</u> Middle <u>Dale</u> Last <u>Rainey</u>   |  |   | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>1</u> Year <u>1963</u>  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/25/1934</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wrecker Service</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>   | 9. AGE (last birthday) <u>28</u><br>IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u><br>IF UNDER 24 HR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> |
| 11. BIRTHPLACE (City and state or country) <u>Shell City, Missouri</u>  |  | 12. CITIZEN: OF WHAT COUNTRY <u>USA</u>   |   |
| 13a. FATHER'S NAME <u>Oscar O Rainey</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Pauline Embrey</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>none</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>yes 5/1957 to 5/19</u>                               |   |
| 16. SOCIAL SECURITY NO. <u>  </u>   |  | 17. INFORMANT<br>Name <u>Mrs O O Rainey</u> Address <u>Nevada, Missouri</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Head and Chest Injuries Sudden</u><br>DUE TO (b) <u>Car wreck</u><br>DUE TO (c) <u>  </u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>  </u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(He was taken from under car)</u>  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input checked="" 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.) <u>  </u>  |   |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m.<br>Month, Day, Year <u>  </u>   | 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.) <u>  </u>  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>  </u>   |
| 21. I attended the deceased from <u>  </u> to <u>  </u> (I saw him/her alive on <u>1:00 am</u> )<br>Death occurred at <u>12:15 am (approx)</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |
| 22a. SIGNATURE (Degree or title) <u>Herbert M. Arnold M.D.</u>  |  | 22b. ADDRESS <u>Lamar, Missouri</u>   | 22c. DATE SIGNED <u>3-1-63</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>3/4/1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Eichinger-Milster Funeral Home Nevada, Missouri</u>   |  | 25. DATE RECD. BY LOCAL REG. <u>3-2-1963</u>  | 26. REGISTRAR'S SIGNATURE <u>Marie Karantz</u>  |

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1963

MAR 13 1963

**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 *Greg F. Maiter*

Licensed Embalmer No. 4805

P. O. Address Neada, 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.

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17-610-2781