

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23851

State File No.

BIRTH NO.		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, write RURAL, and give town) <u>Neosho</u> c. LENGTH OF STAY (In this place) <u>07310</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Sale Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> c. CITY (If outside corporate limits, write RURAL, and give township) <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Route #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Levi</u> b. (Middle) <u>Mansie</u> c. (Last) <u>Rainwater</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 1, 1890</u>		9. AGE (In years last birthday) <u>61</u> Months <u>0</u> Days <u>29</u>		10. HOURS <u>29</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. W. Rainwater</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Kathrine West</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ola Rainwater</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ola Rainwater</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute pyelonephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>15 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>6000</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 JULY</u> , 1951, to <u>20 JULY</u> , 1951, that I last saw the deceased alive on <u>20 JULY</u> , 1951, and that death occurred at <u>1:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert C. Bowman</u> (Degree or title)				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>21 July 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring River</u>		24d. LOCATION (City, town, or county) (State) <u>Verona, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 21, 1951</u>		REGISTRAR'S SIGNATURE <u>Robert C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyle Thompson Jr</u>		ADDRESS <u>Neosho, Mo.</u>	

(Licensed Embalmer's Statement on (Reverse Side))

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

NOV 4 1951

AUG 1 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Neosho, 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 this body is not embalmed, fact should be so stated above.