

FILED FEB 25 1949

STANDARD CERTIFICATE OF DEATH

4330

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 2291 Registrar's No. 13

24  
1-2

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I.O.O.F. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3736 Agnes</u>	
3. NAME OF DECEASED a. (First) <u>R Thomas</u> b. (Middle) <u>J</u> c. (Last) <u>Raines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Mar. 18-1863</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR <u>10</u> Days	IF UNDER 24 HRS. <u>28</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Butler Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Raines</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Compton</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>200F. Records - Liberty</u>		ADDRESS <u>no</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular fibrillation</u>			<u>2 mo</u>
DUE TO (c) <u>Far advanced peripheral arteriosclerosis</u>			<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H231</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>103</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)		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>20 November, 1948</u> , to <u>16 Feb, 1949</u> , that I last saw the deceased alive on <u>14 Feb, 1949</u> , and that death occurred at <u>5:45 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. W. W. W.</u>		23b. ADDRESS <u>Liberty Mo.</u>	
23c. DATE SIGNED <u>17 Feb 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb-16-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>✓</u>		24d. LOCATION (City, town, or county) (State) <u>K. S. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb-17-1949</u>		REGISTRAR'S SIGNATURE <u>64</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>0</u>		ADDRESS <u>Church - Archuleta Liberty Mo.</u>	

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-24-49

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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 .....  
Student Embalmer

Signed John Lanberg

Licensed Embalmer No. 4448

P. O. Address Liberty 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.