

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1950

State File No. 33676
4224
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 8 yrs		c. CITY OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 441 So. BELLAIRE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1310 EAST ARMOUR BLVD ELMS CONVALESCENT HOME				d. STREET ADDRESS (If rural, give location) 441 So. BELLAIRE AVENUE			
3. NAME OF DECEASED (Type or Print) ADELE		a. (First) ADELE		b. (Middle) B.		c. (Last) RAINEY	
4. DATE OF DEATH October 4 1950		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Nov-15-1873		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) NEVADA, OHIO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) NEVADA, OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph A. BROWN		13b. MOTHER'S-MAIDEN NAME Mary Jane Smith		14. NAME OF HUSBAND OR WIFE ARTHUR W. RAINEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR A. RAINEY, 6604 E. 12th, K.C. MO.			
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) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) myocardiasia DUE TO (c) Generalized arterial II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sclerosis of Transcatheters Sclerosis of femur Open bed pt. on 9-26-49				INTERVAL BETWEEN ONSET AND DEATH 18 hrs 3 Mos years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 9-26-1949, to 10-4-1950 that I last saw the deceased alive on Oct 4, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Thos. C. Mc Hale (Degree or title) Thos. C. Mc Hale, M.D.				23b. ADDRESS 4620 Independence Ave.		23c. DATE SIGNED 10-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Paola, Kansas	
DATE REC'D BY LOCAL REG. 10-6-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331-BAJSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *John C. Fraking*

Licensed Embalmer No. *4483*

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