

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
FILED DEC 7 1950 STANDARD CERTIFICATE OF DEATH

39617

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (In this place) <u>77 years</u>		1087	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>810 West Walnut</u>		d. STREET ADDRESS (If rural, give location) <u>810 West Walnut</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Raines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 19-1950</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED. <u>Married</u> (Specify)		8. DATE OF BIRTH <u>December 18-1899</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
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13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Edith</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>West Underwood</u>		ADDRESS <u>Nevada Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Br Pneumonia</u>		DUE TO (b) <u>Influenza</u>						<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Old age</u>						<u>4 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old age</u>								<u>480X</u>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada - Vernon - Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Nov 19 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No Injury</u>	
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22. I hereby certify that I attended the deceased from Nov 16, 1950, to Nov 19, 1950, that I last saw the deceased alive on Nov 19, 1950 and that death occurred at 1 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Love</u> (Dee or title) <u>MD</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>Nov 26/50</u>	
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <input checked="" type="checkbox"/>		24b. DATE <u>Nov 22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park Nevada</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12-1-50</u>		REGISTRAR'S SIGNATURE <u>Mathys H. Yancey</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 5 1950

Dist. File 1250-2418

Date Filed 12-5-50

DEC 7 1950

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed.....

Licensed Embalmer No. 1750

P. O. Address W. H. ...

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.