

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41620

FILED JAN 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>246</u>		PRIMARY REG. DIST. NO. <u>5835</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>3321 Sergeant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3321 Sergeant</u>		3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Carroll</u> c. (Last) <u>Raines</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>22</u> <u>1950</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>April 23 1870</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Baxter Springs, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Raines</u>		13b. MOTHER'S MAIDEN NAME <u>Frankie Ussery</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Raines</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Raines</u> ADDRESS <u>3321-Sergeant</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral vascular accident</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>331x</u>	
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 <u>Nov. 12, 1950</u> , to <u>Dec. 22, 1950</u> that I last saw the deceased alive on <u>Dec. 22, 1950</u> and that death occurred at <u>6:15p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>521 W. 4th Joplin Mo</u>		23c. DATE SIGNED <u>12/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-2-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u>		ADDRESS <u>Joplin Mo</u>	

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 451-23
Date Filed 1/5/51

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.