

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30745

State File No.

BIRTH NO.		REG. DIST. NO. <u>180</u>		PRIMARY REG. DIST. NO. <u>4292</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Winfield</u>)		c. LENGTH OF STAY (in this place) <u> </u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u>		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u> </u>				d. STREET ADDRESS (If rural, give location) <u> </u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Haden</u>		c. (Last) <u>Raney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 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>May 17, 1888</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Veterinarian</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own practice</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John C. Raney</u>			13b. MOTHER'S MAIDEN NAME <u>Judy Briscoe</u>		14. NAME OF HUSBAND OR WIFE <u>Delphia Raney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Delphad Raney, wife, Winfield, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pericarditis with sanguinous effusion</u> DUE TO (c) <u>Congestive Heart Failure with mural thrombus</u> <u>(also, dropsy of legs and vesicles)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>apparently about 4 years</u>
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21f. HOW DID INJURY OCCUR? <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>May 18, 1951</u> , to <u>September 22, 1951</u> , that I last saw the deceased alive on <u>September 22, 1951</u> , and that death occurred at <u>6:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank L. Sutton, D.O.</u>				23b. ADDRESS <u>Winfield, Missouri</u>		23c. DATE SIGNED <u>September 28, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-51</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Winfield</u>		24d. LOCATION (City, town, or county) (State) <u>Winfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-4-1951</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		GENERAL DIRECTOR'S SIGNATURE <u>Harlan C. Elsberry</u>		ADDRESS <u>Elsberry, Mo.</u>	

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

05-70

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 3 1951
RECEIVED

OCT 15 1953
OCT 15 1953

STATEMENT BY LICENSED EMBALMER

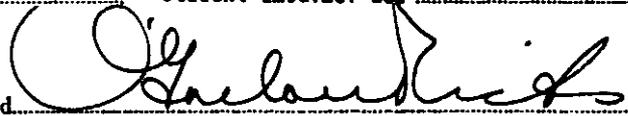
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. _____

4012

P. O. Address _____

E. Leberry, 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.