

34263

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED NOV 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>181</u>	PRIMARY REG. DIST. NO. <u>5677</u>	Registrar's No. <u>21</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 town) <u>Briscoe</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Briscoe</u> <u>0570</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u>		b. (Middle) <u>Alice</u>	c. (Last) <u>Raney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>November 11, 1894</u>	9. AGE (In years last birthday) <u>96</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Briscoe, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Felix Raney</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Belle Raney</u> ADDRESS <u>Briscoe, Missouri.</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>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: - DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Dec. 1950</u> , to <u>Oct. 19, 1951</u> , that I last saw the deceased alive on <u>Oct. 16, 1951</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R.M. Penn</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Sibley, Mo.</u>	23c. DATE SIGNED <u>10-29-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Alexandria Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 30, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kenty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home Troy, Missouri.</u> ADDRESS _____	

(Licensed Embalmers' Statement on Reverse Side)

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

File No.
DISTRICT HEALTH OFFICE No. 4

NOV - 3 1951

RECEIVED

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, oXV

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.