

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. ....

BIRTH NO. .... REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5639

# 0540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twns</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twns</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi. North of Odessa</u>	
d. TOWN <u>Rural Washington Twns</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>Calvin</u>	c. (Last) <u>Raynes</u>	4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>17,</u> (Year) <u>1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 10, 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>John C. Raynes</u>	13b. MOTHER'S MAIDEN NAME <u>Cecelia Grandstaff</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Raynes</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>Chancy Raynes</u> ADDRESS <u>Odessa, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Medical degeneration with failing compensation of morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 or 6 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Filariasis of abdomen.</u>		
	DUE TO (c) <u>Gonorrhea</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 10, 1946, to Nov 17, 1951, that I last saw the deceased alive on Nov 17, 1951, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Name or title)	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>11/19/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tebor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Odessa, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/18/51</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u> ADDRESS <u>Odessa, Mo.</u>
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RECEIVED NOV 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 27 1951

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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 Joseph L. Husman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 7541

P. O. Address Ocean 7mo

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.