

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25127

State File No. _____

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 17-52

1. PLACE OF DEATH a. COUNTY <u>Miller 0650</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Lusumbria</u>	c. LENGTH OF STAY (in this place) <u>6 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladson</u>	<u>0651</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>E. 5th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>RAINES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1952</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>DEC. 4, 1879</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>James E. Raines</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Butcher</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

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>Mrs. Dan Taylor</u>	ADDRESS <u>Ladson</u>
--	-------------------------------------	--	-----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Phasic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <u>4722</u>	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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from July 7, 1952, to July 7, 1952, that I last saw the deceased alive on July 7, 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphreys D.D.</u>	(Degree or title)	23b. ADDRESS <u>Lusumbria No. 9-9-52</u>	23c. DATE SIGNED
--	-------------------	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ladson</u>	24d. LOCATION (City, town, or county) (State) <u>Ladson Mo.</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>July 9, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	371	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis S. Phillips</u>	ADDRESS <u>Ladson</u>
--	---	-----	---	-----------------------

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

RECEIVED

JUL 18 1957

WILLER COUNTY HEALTH
DEPARTMENT

JUL 21 1957

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 Louis B. Phillips

Licensed Embalmer No. 3663

P. O. Address 6 cedar

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.