

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37292**

FILED NOV 13 1952
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2706**

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) KOCH		c. LENGTH OF STAY (In this place) 45 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2072	
d. STREET ADDRESS 5582 Prange		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) MATTHEW c. (Last) RAINES			4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10/4/91
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	
10b. KIND OF BUSINESS OR INDUSTRY United Heel Co.		11. BIRTHPLACE (City and State or Foreign Country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Raines	
13b. MOTHER'S MAIDEN NAME Jucinda Craft		14. NAME OF HUSBAND OR WIFE Mrs. Matthe Raines	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 429-16-6334	
17. INFORMANT'S SIGNATURE OR NAME Koch Hospital Records		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pulmonary tuberculosis INTERVAL BETWEEN ONSET AND DEATH 74 years 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. 002X	
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from 5/27/52 to Oct. 19, 1952 , that I last saw the deceased alive on Oct. 18, 1952 , and that death occurred at 10:20 Pm. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Ellis J. Lipitz, M.D.		23b. ADDRESS Robt. Koch Hosp., Koch, Mo.	
23c. DATE SIGNED 10/20/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-20-52		24c. NAME OF CEMETERY OR CREMATORY Linwood	
24d. LOCATION (City, town, or county) (State) Paragould, Ark.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. 10/20/52		ADDRESS 4700 Washington Blvd.	

P.T. (Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis 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.