

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18230**
2710

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1		4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		5. STREET ADDRESS (If rural, give location) 818 Indiana	

3. NAME OF DECEASED (Type or Print)	a. (First) Stacey	b. (Middle) Orville	c. (Last) Rainey	4. DATE OF DEATH (Month) (Day) (Year) May 26 53
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-23-76	9. AGE (In years) (Month) (Day) (Year) 77	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) retired Purchasing agent	10b. KIND OF BUSINESS OR INDUSTRY Larabee Flour Mills	11. BIRTHPLACE (City and State or Foreign Country) Paola, Kans.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Samuel R. Rainey	13b. MOTHER'S MAIDEN NAME Philena Wise	14. NAME OF HUSBAND OR WIFE Charity Sue Rainey
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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) no	16. SOCIAL SECURITY NO. 486-05-7193 A.	17. INFORMANT'S SIGNATURE OR NAME W. B. Rainey, Milwaukee, Wisc.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION (a) <i>uremia</i>		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis; recent encephalomalacia right parietal lobe.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Superimposed pylo-nephritis DUE TO (c) due to benign prostatic hypertrophy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1010X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 May 23, 1953, to May 26, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>B. I. Burns, M.D.</i> B. I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry Sts.	23c. DATE SIGNED 5/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-29-53	24c. NAME OF CEMETERY OR CREMATORY Paola Cem.	24d. LOCATION (City, town, or county) (State) Paola, Kans.
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DATE REC'D BY LOCAL REG 5-27-53	REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary & Chapel	ADDRESS K. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Ernest E. Freeman*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.