

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

7705

State File No.

FILED APR 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5108</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u> <u>80.30</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Williamstownship</u>		c. LENGTH OF STAY (In this place) <u>7 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bentonville</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 Miles East of Cole Camp</u>				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lloyd</u>		b. (Middle) <u>Burdett</u>		c. (Last) <u>Raimer</u>	
				4. DATE OF DEATH <u>April 4th 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 17th 1896</u>		9. AGE (In years last birthday) <u>57</u> If UNDER 1 YEAR: Months <u>8</u> Days <u>17</u> Hours <u>---</u> Min. <u>---</u>	
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 <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jeddoe Town, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Emmer Augusta Raimer</u>			13b. MOTHER'S MAIDEN NAME <u>Olive Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Katy Raimer</u>		
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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Crawford Raimer Bentonville Ark</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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete fracture of skull</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., and block and street) <u>Back of Ward Kitchen</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>William Benton Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-4-1954 5PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by Train</u>			
22. I hereby certify that I attended the deceased from <u>never</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 P M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clive White Sheriff</u>				23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>Apr 4, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr 5th 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bentonville Arkansas</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Apr 5, 1954</u>		REGISTRAR'S SIGNATURE <u>E L Eichdoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eichdoff</u>		ADDRESS <u>Cole Camp Mo</u>	

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

No. 300
10.48
180
9

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

E. L. Eukhoff

Licensed Embalmer No. _____

730

P. O. Address _____

Cole Camp MD

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.