

STANDARD CERTIFICATE OF DEATH

State File No. 10874

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4482 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>					
b. CITY OR TOWN <u>Memphis</u>		c. LENGTH OF STAY (In this place) <u>6 mos</u>		c. CITY OR TOWN <u>Gwin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Home</u>				e. STREET ADDRESS (If rural, give location) <u>0990</u>					
3. NAME OF DECEASED (Type or Print) <u>FANNIE E. RAINE</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH <u>Mar 24 1954</u>		(Month) (Day) (Year)				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>	8. DATE OF BIRTH <u>April 7 1873</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>Rice Creason</u>			13b. MOTHER'S MAIDEN NAME <u>Eleanora George</u>			14. NAME OF HUSBAND OR WIFE <u>David Raine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Raine</u>		ADDRESS <u>La Plata Mo</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>					<u>18 hrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal Disease</u>					<u>5 yrs.</u>		
		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.					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) (m.)		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 <u>Dec 2nd 1953</u> , to <u>Mar 24, 1954</u> that I last saw the deceased alive on <u>Mar 23, 1954</u> and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. E. Dieffler MD</u>				23b. ADDRESS <u>Memphis Mo</u>			23c. DATE SIGNED <u>4/6/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 26 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gwin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gwin Mo</u>			
DATE REC'D BY LOCAL REG. <u>4/7/54</u>		REGISTRAR'S SIGNATURE <u>Hers G. Turner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Bassett</u>		ADDRESS <u>Wynona Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

990 H

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 *Albert C Gert...*

Licensed Embalmer No. *425*

P. O. Address *Memphis*

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.