No. 300
10-48

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4463

State File No.

380
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BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (In this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Maple

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN: Stanberry
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): North Maple 0380

3. NAME OF DECEASED (Type or Print)
a. (First): Horace
b. (Middle): B
c. (Last): Rainey

4. DATE OF DEATH (Month) (Day) (Year): July 19 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 26 1872
9. AGE (In years last birthday): 82 — If under 1 year: Months 8, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Danville Pennsylvania
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Rainey
13b. MOTHER'S MAIDEN NAME: Sara Britton
14. NAME OF HUSBAND OR WIFE: Bessie Lorenson Rainey

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.: no
17. INFORMANT'S SIGNATURE OR NAME: W J Rainey — ADDRESS: St Joseph Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm of Abdominal Aorta — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atherosclerosis — years

DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — years,

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:

451X

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1955, *to* July, 1955, *that I last saw the deceased alive on* Feb 19, 1955, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Albert L. Carlin M.D. (Degree or title)
23b. ADDRESS: Stanberry, Mo
23c. DATE SIGNED: 2-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/28/55
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24d. LOCATION (City, town, or county) (State): St Joseph Buchanan Mo

DATE REC'D BY LOCAL REG.: Feb 22 55
REGISTRAR'S SIGNATURE: Maude Williams
462
25. FUNERAL DIRECTOR'S SIGNATURE: Fatory F. Phillips — ADDRESS: Stanberry Mo

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

Dr. Catlin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

~~by me, or by~~ ....., Student Embalmer ~~No.~~ .....

~~working under my personal supervision~~..

Student ..... Signature of Student Embalmer

Signed Fatory F. Phillips

Licensed Embalmer No. 189

P. O. Address Stoutsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.