

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

No. 300
10.48

FILED MAR 7 1955

State File No. **2107**

BIRTH NO. _____		REG. DIST. NO. 375	PRIMARY REG. DIST. NO. 6280	Registrar's No. 6
1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hart Twp.		c. LENGTH OF STAY (in this place) 7 Mo.	c. CITY OR TOWN Hartville	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 South of Hartville		e. STREET ADDRESS (If rural, give location) none 1140		
3. NAME OF DECEASED (Type or Print) a. (First) Izora		b. (Middle) _____	c. (Last) Raney	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1955
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 13, 1880	9. AGE (In years) (last birthday) 74 IF UNDER 1 YEAR (Month) 11 Days 26 IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Wright County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ezekial Butcher		13b. MOTHER'S MAIDEN NAME Turner	14. NAME OF HUSBAND OR WIFE M. B. Raney	
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olga Helsley, Hartville, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 35 yrs
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 5021			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 15, 1954 to Feb 9, 1955 , that I last saw the deceased alive on Jan 28, 1955 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. P. Mott M.D.		23b. ADDRESS Hartville Mo		23c. DATE SIGNED 2-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 11	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	24d. LOCATION (City, town, or county) (State) Owensville Mo.	
DATE REC'D BY LOCAL REG. 2-15-55	REGISTRAR'S SIGNATURE B. Barnes 346	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Simpson Hartwell		

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 355-26
Date Filed 3-5-55

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 *James W. Wair*.....

Licensed Embalmer No. 4650

P. O. Address *Springfield*

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.