

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7148

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5918</u>		Registrar's No. <u>27</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>Andrew</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Andrew</u>				
b. CITY (If outside corporate limits, give name of town or village) <u>Rea, Missouri</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Rea</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				f. STREET ADDRESS (If rural, give location) <u>Rural West of Rea, M.</u>						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)				
a. (First) <u>Viola</u>			b. (Middle) <u>Myrtle</u>			c. (Last) <u>Raines</u>				
6. DATE OF BIRTH			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. AGE (In years last birthday)		9. IF UNDER 1 YEAR (Days) (Hours) (Min.)			
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 28, 1885</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Alonzo Hoyt</u>			13b. MOTHER'S MAIDEN NAME <u>Myre E. Brady</u>			14. NAME OF HUSBAND OR WIFE <u>George Raines</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>George Raines</u>			ADDRESS <u>Rea, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
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) <u>Coronary Thrombosis</u>				<u>1 hour</u>		
				ANTECEDENT CAUSES						
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
				DUE TO (b) _____						
				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) <u>4201</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>March 13, 1955</u> , to <u>March 13, 1955</u> , that I last saw the deceased alive on <u>March 13, 1955</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Jack G. Barnes, D.O.</u>						23b. ADDRESS <u>King City, Mo</u>		23c. DATE SIGNED <u>3-13-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 15, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitesville</u>		24d. LOCATION (City, town, or county) (State) <u>Whitesville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>3+13-55</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland Clark</u>			ADDRESS <u>King City, Mo</u>		

Licensed Embalmer's Statement on Reverse Side

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

300
48

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 *Roland D. Clark*

Licensed Embalmer No. *747*

P. O. Address *King City*

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.