

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8448

STATE FILE NUMBER

FILED MAR 18 1957

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 417

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY HENRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 W Allen st		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 308 W ALLEN		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rueben Middle X Last Raney			4. DATE OF DEATH Month Mar Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/22/1894	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 3 Days 22 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and state or country) Henry Co Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Josephus Raney			14. MOTHER'S MAIDEN NAME Arnolds Pigg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, no. or unknown) (If yrs. give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. 442-03-1466	17. INFORMANT Mr Rueben Raney Clinton Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary hepatic Carcinoma DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 155X					INTERVAL BETWEEN ONSET AND DEATH 6 mo
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from Jan 15, 1957 to Mar 13, 1957 and last saw her live alive on Mar 13, 1957 . Death occurred at 5:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W D Bradshaw, M.D. (Degree or title)			22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 3/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/15/57	23c. NAME OF CEMETERY OR CREMATORY Englewood Cem		23d. LOCATION (City, town, or county) (State) Clinton Mo.	
24. FUNERAL DIRECTOR J E Conzaler		ADDRESS Clinton Mo	25. DATE RECD. BY LOCAL REG. 3-15-57		26. REGISTRAR'S SIGNATURE Mildred Bigum

path, Welfare Public Service
000-56
disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 23 1957

APR 24 1957

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 *Eugene R. Connelley*

Licensed Embalmer No. *40*

P. O. Address *Clinton*

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