

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45294**  
Registrar's No. **38**

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>38</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>5 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hughsville</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BLANCHE</b>		b. (Middle)		c. (Last) <b>RAINES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 16, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 20, 1887</b>	
9. AGE (In years less birthday) <b>70</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>Pettis County, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Pettis County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Coleman W. Younger</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Plummer</b>		14. NAME OF HUSBAND OR WIFE <b>William P. Raines</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William P. Raines, Hughesville, Missouri</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension Chronic</b> DUE TO (c) <b>Arterio-sclerosis chronic</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio-sclerosis Neurolytic ch.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b>	
19a. DATE OF OPERATION <b>X</b>		19b. MAJOR FINDINGS OF OPERATION <b>X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>M</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>X</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>X</b>			
22. I hereby certify that I attended the deceased from <b>Nov 8, 1957</b> to <b>Dec 16, 1957</b> , that I last saw the deceased alive on <b>Dec 16, 1957</b> , and that death occurred at <b>12:15 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mrs. Beasmeier M.D.</b>		23b. ADDRESS <b>Sedalia Mo</b>				23c. DATE SIGNED <b>12/17/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/18/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Longwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Longwood, Pettis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-18-57</b>		REGISTRAR'S SIGNATURE <b>Frances Sheehy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Swickhart</b>		ADDRESS <b>Sedalia Mo.</b>	

GILLESPIE FUNERAL HOME

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

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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 \_\_\_\_\_  
Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, Mo.

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 this body is not embalmed, fact should be so stated above.