

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037412
STATE FILE NUMBER

NOV 13 1958 Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 167

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Missouri.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richland, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Rt. # 3.		Length of stay in lb Life.	d. STREET ADDRESS (If outside, give location) 0850 Rural Rt. # 3.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Isabelle. Middle Last Raines.			4. DATE OF DEATH Month Nov. Day 1, Year 1958		
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days 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 None.	11. BIRTHPLACE (City and state or country) Pulaski Co, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jack Carr.		13b. MOTHER'S MAIDEN NAME Adeline Hammons.		14. NAME OF HUSBAND OR WIFE William Joseph Raines.	
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. None.		17. INFORMANT Address Mr. Raymond Raines. Richland, 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) Myocardial Insufficiency Acute					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Insufficiency Chronic					years
DUE TO (c) Rheumatic Heart Disease					Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416 X					
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, Year 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 Oct 2, 1958 to Oct 30/58 and last saw her alive on Oct 30/58 Death occurred at 12:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. H. Smith, M.D.			22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 11/3/58
23a. BURIAL, CREMATOR, REMOVAL (Specify) Burial		23b. DATE Nov. 4/58	23c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		23d. LOCATION (City, town, or county) (State) Swedeborg, Missouri
24. FUNERAL HOME ADDRESS Hopess Funeral Home Richland, Mo			DATE RECD. BY LOCAL REG. 11-4-58	25. REGISTRAR'S SIGNATURE Paula Ann Anderson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 14 1958

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 *Clarence Probst*

Licensed Embalmer No. *4896*

P. O. Address *Wagonville, Pa.*

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.