

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024414

STATE FILE NUMBER

Filed for registration on July 25 1961 Primary Registration District No. 5217 Registrar's No. 125

AMENDED

DATE AMENDED

9/22/61

INSTEAD OF

5/1/1869

SHOULD READ

2/6/1879

ITEM NO.

8

DOCUMENT HIS RECORDS
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Fun. Dir.

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Archie Austin Sup. Length of stay in lb 18 yrs		c. CITY OR TOWN Archie, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At his Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) West edge Archie Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Noel Middle Raines Last Raines			4. DATE OF DEATH Month July Day 20 Year 1961
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 2/6/1795/1/1869
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 26 Days 1 Hours 1 Min.	IF UNDER 24 HR Months 2 Days 1 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done or nature of working life even if retired) Retired iron molder & tile setter		10b. KIND OF BUSINESS OR INDUSTRY Greenridge, Mo.	11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Dudley Raines	13b. MOTHER'S MAIDEN NAME Louise Calvert
14. NAME OF HUSBAND OR WIFE Lula 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.
17. INFORMANT Mrs. Lula Raines Address Archie, 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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Anteur sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 2:44 a.m. p.m. Month, Day, Year.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Archie COUNTY Cass STATE Missouri		21. I attended the deceased from 10-25-1954 to 7-20-1961 and last saw ^{him} alive on 7-20-1961 Death occurred at 2:44 7-20-1961 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) D. J. Colson DO		22b. ADDRESS Archie, Mo	
22c. DATE SIGNED 7-22-1961		23. LOCATION (City, town, or county) (State) Kansas City, Missouri.	
24. FUNERAL DIRECTOR Atkinson - Dickey ADDRESS Archie, Mo		25. DATE RECD. BY LOCAL REG. July 23/1961	
26. REGISTRAR'S SIGNATURE Ms Gray Sebra		27. (Licensed Embalmers' Statement on Reverse Side)	

JUL 28 1961

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 Billy J. [Signature]

Licensed Embalmer No. 4685

P.O. Address Harden City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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