

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041013

FILED DEC 15 1958

Registration District No. 274 Primary Registration District No. 5928 STATE FILE NUMBER 473 Registrar's No. 473

S. 300
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Heath Creek Township</u>		c. CITY OR TOWN <u>Nelson</u> <u>0800</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nelson R# 2</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas James Raines</u>		4. DATE OF DEATH Month Day Year <u>Dec. 10, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 11, 1878</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Pettis Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Raines</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Fowler</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Raines</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>490-42-8018</u>		17. INFORMANT <u>Mr. Elizabeth Raines - Nelson Mo R 2</u>	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Atherosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
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.) <u>4200</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VIEWED</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>as Coroner</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>11:00 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Charles Gordon Scheffele MD</u>	
22b. ADDRESS <u>Correry, Pettis Co</u>		22c. DATE SIGNED <u>12-12-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 13, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Longwood</u>		23d. LOCATION (City, town, or county) (State) <u>Longwood, Mo</u>	
24. FUNERAL DIRECTOR <u>M. Laughlin Bros - Salado Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 13, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

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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
Signature of Student Embalmer

Signed *J.P. McLeary*

Licensed Embalmer No. *3153*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.