

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 5458		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove Mo</u>		39 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>			b. (Middle)		c. (Last) <u>RAINES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 1949</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan - 31 - 1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Dade County Mo</u>	
11. BIRTHPLACE (State or foreign country) <u>Dade County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Dr. W. M. Derby</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Patterson</u>	
14. NAME OF HUSBAND OR WIFE <u>Hiram L. Raines</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. L. Raines, Walnut Grove Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Been sick several years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Loss of mind</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>11 11 11</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 25, 1949</u> , to <u>Mar 26, 1949</u> , that I last saw the deceased alive on <u>3/25</u> , 1949, and that death occurred at <u>5:02 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Barber M.D.</u> (Degree or title)				23b. ADDRESS <u>Walnut Grove Mo</u>		23c. DATE SIGNED <u>3-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-31-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/31/49</u>		REGISTRAR'S SIGNATURE <u>Drew P. Wilson</u>		104 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Parim</u>		ADDRESS <u>Walnut Grove Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.48

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5139

RECEIVED
Greene County Health Officer,
County File Number 47-54-4
Date Filed 4-11-79

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.

Signed _____
Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 46410

P. O. Address Walnut Grove 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.