

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36077**

FILED OCT 31 1957

BIRTH NO. _____ REG. DIST. NO. **320** PRIMARY REG. DIST. NO. **4481** Registrar's No. **47**

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

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Larimer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Larimer	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 090	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James Washington b. (Middle) Raine c. (Last) Raine			4. DATE OF DEATH (Month) (Day) (Year) Sept 2-1951		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W	
8. DATE OF BIRTH Nov 17-1864		9. AGE (In years last birthday) 87		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Scotland Co Mo	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Joseph S. Raine		13b. MOTHER'S MAIDEN NAME Martha Cox	
14. NAME OF HUSBAND OR WIFE Margaret A. Raine		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. No	
17. INFORMANT'S SIGNATURE OR NAME John M. Raine		ADDRESS Larimer Mo			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) arteriosclerosis/heart disease			ANTECEDENT CAUSES (b) arteriosclerosis			4 years		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) arteriosclerosis gangrene of leg			15 years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200						3 MO		

19a. DATE OF OPERATION Aug 17, 1951		19b. MAJOR FINDINGS OF OPERATION Amputation of rt. leg, arteries obliterated				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 **Aug 7, 1951**, to **Sept 1, 1951**, that I last saw the deceased alive on **Sept 1, 1951**, and that death occurred at **9#** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Shillan M.D.		23b. ADDRESS Memphis TN		23c. DATE SIGNED 10-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 5-51		24c. NAME OF CEMETERY OR CREMATORY Larimer	
24d. LOCATION (City, town, or county) (State) Larimer Mo		25. FUNERAL DIRECTOR'S SIGNATURE Berth Basket Memphis		ADDRESS	
DATE REC'D BY LOCAL REG. 10/20/55		REGISTRAR'S SIGNATURE OTM Baker			

Date Received: OCT 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1944
Date Filed: OCT 30 1951

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 Fred Gerth

Licensed Embalmer No. K256

P. O. Address Memphis

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.