No. 300
10.46

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

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37474

State File No. 37474

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6265 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL GRANT
c. LENGTH OF STAY (in this place): _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: TEXAS
b. COUNTY: WICHITA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WICHITA FALLS TEXAS
d. STREET ADDRESS (If rural, give location): 842 21

3. NAME OF DECEASED (Type or Print)
a. (First): BARBARA
b. (Middle): JEAN
c. (Last): RAIFORD

4. DATE OF DEATH (Month) (Day) (Year): OCT 5 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN 3 1933
9. AGE (In years last birthday): 19 — If under 1 year: Months 9, Days 2; 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: _____
11. BIRTHPLACE (State or foreign country): GRAND RAPIDS. MICH
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. R. HOLDRIDGE
13b. MOTHER'S MAIDEN NAME: IRIS HOTELLING
14. NAME OF HUSBAND OR WIFE: JAMES RAIFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: JAMES RAIFORD — **ADDRESS**: WICHITA FALLS TEX

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): Skull Fracture & Chest Injuries — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2 Car Collision
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E8164 26

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 112
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 66 Webster Co.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct-5-1952 120 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 120 A m., from the causes and on the date stated above.*

23a. SIGNATURE: R. R. Kelley 3 (Degree or title): Coroner
23b. ADDRESS: Fordland Mo
23c. DATE SIGNED: Oct 9-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-10-1952
24c. NAME OF CEMETERY OR CREMATORY: SEASIDE MEMORIAL CORPUS CHRISTI TEX
24d. LOCATION (City, town, or county) (State): _____

DATE REC'D BY LOCAL REG.: 10/21/52
REGISTRAR'S SIGNATURE: [signature] 392
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: BARBER-BARTO MARSHFIELD M

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1952

NOV 18 1952

OCT 27 1952

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.....

Licensed Embalmer No. 3848

P. O. Address.....

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.