

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20563

State File No.

FILED MAY 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>6296</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wood twp</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN <u>Rural Wood twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Norwood, Mo 1140</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Docia</u> b. (Middle) <u>Thula</u> c. (Last) <u>Raney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1953</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>Dec 4, 1877</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co, Mo</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Issac Butcher</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Preston Levi A. Raney</u>		14. NAME OF HUSBAND OR WIFE <u>Levi A. Raney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Levi Raney Norwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				MEDICAL CERTIFICATION			
ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (b)				<u>Cerebral Hemorrhage</u>			
DUE TO (c)				<u>Chronic nephritis</u>			
II. OTHER SIGNIFICANT CONDITIONS				<u>Arterio Sclerosis</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>592x</u>			
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 <u>4-11 1953</u> to <u>4-28 1953</u> that I last saw the deceased alive on <u>4-27 1953</u> and that death occurred at <u>5:30 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Worthington, D.O.</u> (Degree or title)				23b. ADDRESS <u>Norwood, Mo</u>		23c. DATE SIGNED <u>5-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 30, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-11-53</u>		REGISTRAR'S SIGNATURE <u>A. B. Ames</u> <u>3478</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Barber Mtn. Grove, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2.300
2.48

WRIGHT CO. HEALTH DEPT.
COUNTY FILE NUMBER 553-75
DATE FILED 5-23-53

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 R.W. Barker

Licensed Embalmer No. 3848

P. O. Address Wts Grove

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.