

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22061**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113 Registrar's No. 49

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bollinger</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>Bol</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Marquand, Union</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>RURAL UNION. 0090</b>                             |  |
| c. LENGTH OF STAY (in this place)<br><b>live</b> <b>rs</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>NEAR MARQUAND MO.</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |  |

|                                     |                          |                              |                          |   |
|-------------------------------------|--------------------------|------------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Jewell</b> | b. (Middle) <b>Elizabeth</b> | c. (Last) <b>Raines,</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 9th 54</b> |
|-------------------------------------|--------------------------|------------------------------|--------------------------|---|

|                      |                               |  |  |  |   |  |
|----------------------|-------------------------------|--|--|--|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Aug, 7th 1910</b> | 9. AGE (In years last birthday)<br><b>43</b> | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>2</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
|----------------------|-------------------------------|--|--|--|---|--|

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House wife</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><b>Cedar Bluff, VA,</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A,</b> |
|--|-----------------------------------|--|---|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME<br><b>Geo, West</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Beavers,</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Sam T Raines, J R</b> |
|--|--|---|

|   |                         |  |                            |
|---|-------------------------|--|----------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Sam T Raines</b> | ADDRESS<br><b>Marquand</b> |
|---|-------------------------|--|----------------------------|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of liver</b>  |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) | 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 Jan 1st, 1933, to July 9th, 1954, that I last saw the deceased alive on July 5th, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

|   |                   |  |                                    |
|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE<br><b>Edw. Crites M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>Sedgewick Hills</b> | 23c. DATE SIGNED<br><b>7/12/54</b> |
|---|-------------------|--|------------------------------------|

|  |                               |  |  |
|--|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>July 11th</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Patton, Cemetery,</b> | 24d. LOCATION (City, town, or county) (State)<br><b>At Patton, Mo,</b> |
|--|-------------------------------|--|--|

|   |   |  |         |
|---|---|--|---------|
| DATE REC'D BY LOCAL REG.<br><b>July 28-54</b> | REGISTRAR'S SIGNATURE<br><b>Willie Un... 25</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Baker Home for Rest</b> | ADDRESS |
|---|---|--|---------|

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

0090  
Cedar

*Embalmed in wood*

**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 *A. J. Baker* \_\_\_\_\_

Licensed Embalmer No. *3573* \_\_\_\_\_

P. O. Address *Lutesville, Tenn.* \_\_\_\_\_

**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.