

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25157

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6280 Registrar's No. 18

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 (HART)</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY OR TOWN <u>REN. HARTVILLE</u> d. Is Residence within limits of a city or incorporated town? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>10 mi EAST HARTVILLE, MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>JANE</u> c. (Last) <u>RANEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-1955</u>	
5. SEX <u>FE.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-19-1868</u>
9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>11</u> Days _____		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		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JACOB Kelley</u>	
13b. MOTHER'S MAIDEN NAME <u>NANCY BARNETT</u>		14. NAME OF HUSBAND OR WIFE. <u>Wm Leas 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 <u>EZRA RANEY RFD Hartville.</u>		ADDRESS	
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>Cardio-Vascular Renal Disease</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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>May 15, 1950</u> , to <u>July 19, 1955</u> , that I last saw the deceased alive on <u>July 17, 1955</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. Worthey Sr.</u> (Degree or title)		23b. ADDRESS <u>Hartwell Mo</u>	
23c. DATE SIGNED <u>7-23-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>7-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAK GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>WRIGHT MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Simpson</u> ADDRESS <u>Hartville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-23-55</u>		REGISTRAR'S SIGNATURE <u>B. Garner</u> 346	

(Licensed Embalmer's Statement on Reverse Side)

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

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County File Number 255-81
Date Filed JUL 30 1955

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.....
Signature of Student Embalmer

Signed James W. Wain
Licensed Embalmer No. 46

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.