

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 43

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>La Plata</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Kirksville Osteopathic</u>		STREET ADDRESS (If rural, give location) <u>0610</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orval</u> b. (Middle) <u>William</u> c. (Last) <u>Raine</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 9 1905</u>
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipeliner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Serv. Oil Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gorin Scotland Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13a. FATHER'S NAME <u>David L. Raine</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances E. Creason</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Raine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>\$10-01-0460</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Raine, La Plata, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion and Circulatory Failure</u> <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion and Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 20 Minutes</u>		Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>4201</u>	
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) (Min.)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Howe E. Foster</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Kirksville, Missouri</u>	
23c. DATE SIGNED <u>1-28-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 30 1957</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Gorin</u>	
24d. LOCATION (City, town, or county) (State) <u>Gorin, Scotland, Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-30-57</u>	
REGISTRAR'S SIGNATURE <u>Dora W. Rathoff</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Bushett</u> ADDRESS <u>Mumflet Mo.</u>	

JAN 8 1959

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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 *Albert C Gerts*.....

Licensed Embalmer No. *476*.....

P. O. Address *Murphree*.....

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.