

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004723

STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> <u>CAMDEN</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Auglaize Township</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Montreal</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Montreal Route 1</u>			Length of stay in 1b <u>3 yrs</u>		d. STREET ADDRESS <u>R. Route 1</u>
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>Bryan</u> Last <u>Raines</u>			4. DATE OF DEATH Month <u>3</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 16-1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Highway</u>	11. BIRTHPLACE (City and state or country) <u>Carver Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William Raines</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Ann Carver</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War 1</u> <u>500-05-1597</u>		17. INFORMANT Address <u>Mrs Etta Raines Montreal Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory failure</u> DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>		
20c. TIME OF INJURY Hour <u>1:30</u> Month <u>3</u> Day <u>4</u> Year <u>1959</u> a. m. <u>p. m.</u>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>at death</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>at death</u> to <u>her</u> and last saw <u>him</u> alive on <u>her</u> Death occurred at <u>1:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>					
22a. SIGNATURE (Degree or title) <u>Kenneth E. Mitchell Do 2</u>			22b. ADDRESS <u>Camdenton, Mo</u>		22c. DATE SIGNED <u>3/6/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 6, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montreal Cemetery</u>		23d. LOCATION (City, town, or county) <u>Montreal Mo</u> (State)
24. FUNERAL DIRECTOR <u>Reed Funeral Home</u>		ADDRESS <u>Camdenton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 6-1959</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. Jraw</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 10 1959

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... Robert H Reed

Licensed Embalmer No... 37

P. O. Address... Camden, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.