

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007520

AMENDED Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 23 STATE FILE NUMBER

FILED APR 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **Barton**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Lamar** Length of stay in 1b. **1 1/2 months**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Barton Co, Memorial Hosp.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Barton**
 c. CITY OR TOWN **Lamar** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1503 Walnut** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **HELEN HAMNER RAINES**
 4. DATE OF DEATH Month Day Year **April 2, 1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **May 5, 1901** 9. AGE (last birthday) **59** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk, Ret.**
 10b. KIND OF BUSINESS OR INDUSTRY **Department Store** 11. BIRTHPLACE (City and state or country) **Greenfield, Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **James Hamner** 13b. MOTHER'S MAIDEN NAME **Kate A. McPherson** 14. NAME OF HUSBAND OR WIFE **John Raines**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mrs. Steve Clark, Lamar, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Terminal Pneumonia** INTERVAL BETWEEN ONSET AND DEATH **2 days**
 DUE TO (b) **Metastatic Carcinoma** **2 yrs**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **Cancer of Breast, Right** **over 2 yrs**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Path. fractures of clavicle & arm**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **7-30-61** to **4-2-61** and last saw her/him alive on **4-2-61**
 Death occurred at **6:35 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Herbert M. Arnold M.D.** 22b. ADDRESS **Lamar, Mo.** 22c. DATE SIGNED **4-3-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **April 5, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Newton Cemetery** 23d. LOCATION (City, town, or county) **Nevada, Missouri** (State)

24. FUNERAL DIRECTOR ADDRESS **Chies Funeral Home, Lamar, Mo.** 25. DATE RECD. BY LOCAL REG. **APR 5 - '61** 26. REGISTRAR'S SIGNATURE **Marie Kenantz**

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 Clarence H. Gile

Licensed Embalmer No. 3473

P. O. Address Lamar Mo

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.