

Rainey, Arthur L 1883 - 1953

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		FILE NO. 116 <u>53-20217</u>	
FEDERAL SECURITY AGENCY		Department of Health		BUREAU OF VITAL STATISTICS	
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		REGISTRAR'S NO. <u>947</u>	
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		REGISTRATION District No. <u>500X</u> Primary Registration District No. <u>2165</u>	
1. PLACE OF DEATH a. COUNTY <u>FAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KENTUCKY</u> b. COUNTY <u>HARRISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>LEXINGTON</u> TOWN		c. LENGTH OF STAY (in this place) <u>2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>CYNTHIANA</u> TOWN		<u>047</u>
d. FULL NAME OF (If not to hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>NORTH WALNUT STR.</u>		
3. NAME OF DECEASED a. (First) <u>ARTHUR</u> b. (Middle) <u>L.</u> c. (Last) <u>RAINEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 2, 1953</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>JULY 7, 1883</u>		9. AGE (In years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DRUG FIRM</u>	11. BIRTHPLACE (State or foreign country) <u>HARRISON COUNTY, KENTUCKY.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JAMES RAINEY</u>			14. MOTHER'S MAIDEN NAME <u>MARY ANN RAINEY</u>		
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 <u>MRS JESSIE K. RAINEY</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>renal failure post op. falling</u> ANTECEDENT CAUSES DUE TO (b) <u>op for location of Duodenal ulcer</u> <u>obesity, iliac embolus + intestinal obstruction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>D.V. obstruction, 2. iliac embolus, 3. intestinal obstruction</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>5410-100-28</u>		21d. (COUNTY) (STATE)	
21d. TIME OF INJURY	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>9-8</u> , 19 <u>53</u> , to <u>Oct 2, 1953</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Oct 2</u> , 19 <u>53</u> , and that death occurred at <u>6:30 A.</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>10.15/53</u>	23b. ADDRESS <u>Lexington 211 W. 2-15K</u>		23c. SIGNATURE (Degree or title) <u>Coleman Johnson</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/5/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BATTLE GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CYNTHIANA, KENTUCKY.</u>		
25a. DATE REC'D BY <u>10/16/53</u>	25b. REGISTRAR'S SIGNATURE <u>D. G. Furlong</u>		25c. FUNERAL DIRECTOR ADDRESS <u>SMITH - REES CO., INC. CYNTHIANA, KY.</u>		
	By <u>Odus Kuechen</u>		LIC. # <u>2275</u>		