

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27285

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 386

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jasper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Mo</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>Joplin</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>Joplin</b>                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1032 Moffet</b>                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>1032 Moffet</b>   |  |

|  |                                  |  |  |  |  |
|--|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Rhoda</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Rayon</b> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>August 29 1950</b> |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>March 25, 1908</b>                      | 9. AGE (In years last birthday)<br><b>42</b> | IF UNDER 1 YEAR Months Days                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>    |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>                     | 11. BIRTHPLACE (State or foreign country)<br><b>Iowa</b>       |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>Bert Neff</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Ester Soursby</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Timothy Rayon</b> |
|--|---|---|

|   |                                       |   |
|---|---------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>NO.</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Timothy Rayon 1032 Moffet Joplin Mo</b> |
|---|---------------------------------------|---|

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|---|--|-----------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |                 | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Starvation &amp; Inanition</b>   |                 |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Larcinomatosis</b><br>DUE TO (c) <b>Larcinoma of Uterine Cervix</b> |                 |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Right lynch nephrosis.</b>  |  | <b>8 years.</b> |                                  |

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| 19a. DATE OF OPERATION<br><b>5-29-48</b> | 19b. MAJOR FINDINGS OF OPERATION<br><b>Larcinoma of the Cervix</b> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|--|--|---|
| 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 June 1, 1950, to Aug. 29, 1950, that I last saw the deceased alive on Aug 28, 1950, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

|  |  |                                    |
|--|--|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Ronald B. Woods, M.D.</b> | 23b. ADDRESS<br><b>Joplin Dist Hosp. Joplin Mo</b> | 23c. DATE SIGNED<br><b>8-30-50</b> |
|--|--|------------------------------------|

|  |                            |  |   |
|--|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>9-1-50</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Rairview Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Joplin Mo</b> |
|--|----------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>9-2-50</b> | REGISTRAR'S SIGNATURE<br><b>Ed. S. James</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Parker-Hunsaker Mortuary Joplin Mo</b> |
|---|--|---|

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

495

RECEIVED 9-9-50

Jasper County Health Office

County File Number 50-8-658

Date Filed 9-9-50

**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.

Signed *F. M. Jones*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2519

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.