

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31416

BIRTH NO. _____		REG. DIST. NO. 300		PRIMARY REG. DIST. NO. 1029		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington Rural-Logan		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) 0900 OR TOWN Ellington rural-Logan. 0			
d. FULL NAME OF (If not in hospital or institution, give street number or location) HOSPITAL OR INSTITUTION Own Home				d. STREET ADDRESS (If rural, give location) Rural.			
3. NAME OF DECEASED (Type or Print) Floyd Guy Rayfield			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 10 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 28, 1908	
						9. AGE (In years last birthday) 42	
						IF UNDER 1 YEAR Months Days	
						IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Sawmill				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ellington, Missouri 0	
						12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Rayfield			13b. MOTHER'S MAIDEN NAME Laura Lawes			14. NAME OF HUSBAND OR WIFE Lela Rayfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Mo			16. SOCIAL SECURITY NO. 487-12-4239		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lela Rayfield		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Shooting							
INTERVAL BETWEEN ONSET AND DEATH							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in his home		21c. (CITY, TOWN, OR TOWNSHIP) Ellington		21d. (COUNTY) Reynolds, Mo. (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 _____, 19____, to _____, 19____, that I last saw the deceased on _____ Sept 10, 19 50, and that death occurred at 3 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. H. Crow				23b. ADDRESS 3. Centerville Mo		23c. DATE SIGNED 9/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 9/12/50		24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery		24d. LOCATION (City, town, or county) Ellington, Mo. (State)	
DATE REC'D BY LOCAL REG. Sept. 21-50		REGISTRAR'S SIGNATURE Essie Evans Ellington		25. FUNERAL DIRECTOR'S SIGNATURE H. L. Smith		ADDRESS Ellington	

(Licensed Embalmer's Statement on Reverse Side)

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

900
1No. 300
10.48

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
Student Embalmer

Signed *Chas S. Bennett*.....

Licensed Embalmer No. *4574*.....

P. O. Address *Elkington, Md.*.....

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.