

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8194

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5482 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Adams Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Adams Township	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 1/4 Mi. S. Gilman City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/4 Mi. S. Gilman City, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Harriett	b. (Middle) Teresa	c. (Last) Rayburn	4. DATE OF DEATH (Month) (Day) (Year) March 5 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3 1862	9. AGE (In years last birthday) 88	# MOSES 10 2	# UNDER 18 0	# HOURS 0	# MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Harrison County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. W. Collin	13b. MOTHER'S MAIDEN NAME Anne Gleason	14. NAME OF HUSBAND OR WIFE Wm Henry Rayburn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Chas. Rayburn	ADDRESS Gilman City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 4341 F		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Left Hip Jan 4 '57			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/4 1951, to 3-5 1951, that I last saw the deceased alive on 3-5 1951 and that death occurred at 10:50 a.m., from the causes and on the date stated above.

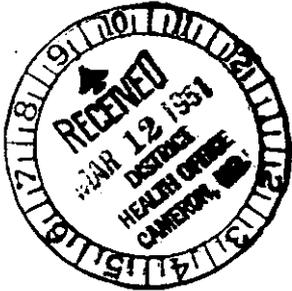
23a. SIGNATURE W. G. Jameson (Degree or title)	23b. ADDRESS Wm. Jameson, Mo.	23c. DATE SIGNED 3/7/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-1951	24c. NAME OF CEMETERY OR CREMATORY Christian Union Cem.	24d. LOCATION (City, town, or county) (State) Gilman City, Mo.
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DATE REC'D BY LOCAL REG. 3-8-51	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home, Gallatin, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0410



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3307

P. O. Address Callaway, 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.