

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17680

State File No.

FILED JUN 2, 1951

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u> <u>0900</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellington, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Ellington, Mo 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SINA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>RAYFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 20 1883</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR <u>5</u> MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Reynolds Co, Mo 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Landon L. Copeland</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Moore</u>		14. NAME OF HUSBAND OR WIFE <u>James Virgil Rayfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Essie Ferguson Testumka, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>X</u> DUE TO (c) <u>arteriosclerosis</u>		
	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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1951 to 5/20, 1951, that I last saw the deceased alive on 5/17, 1951, and that death occurred at 12-14 m. from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. O'Dell M.D.</u> (Degree or title)		23b. ADDRESS <u>Ellington, Mo.</u>		23c. DATE SIGNED <u>5/21/51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ellington, Mo</u>		
DATE REC'D BY LOCAL REG. <u>5/29/51</u>	REGISTRAR'S SIGNATURE <u>Essie Evans</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phil A. Leuchel</u>	ADDRESS <u>Ellington, Mo</u>		

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

2900

No. 300
V. 10-48

1951 9701

RECEIVED

JUN 1 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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, by 5-20-51

Student Embalmer No.

working under my personal supervision.

Signed Allen C. McFadden

Signed
Student Embalmer

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.