

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11021**

BIRTH NO. <u>17119</u>		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u> <i>0883</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> <i>0883</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <i>0</i>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly, Mo.</u> <i>0</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>823 W. Coates</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u>			b. (Middle) <u>Eugene</u>		c. (Last) <u>Reyburn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2nd, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u># 0</u>	8. DATE OF BIRTH <u>Apr. 2nd, 1953</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
					<u>5</u>	<u>0</u>	<u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>#</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>#</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Donald Reyburn</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Hatwig</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>#</u> (If yes, give war or date of service) <u>#</u>		16. SOCIAL SECURITY NO. <u>#</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald Reyburn, Moberly, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (5 mo)</u> ANTECEDENT CAUSES <u>malformation</u> DUE TO (b) <u>malformation</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774X</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) 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 <u>4-2-53</u> , 19 <u>53</u> , to <u>4-2-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-2-53</u> , 19 <u>53</u> , and that death occurred at <u>3:05 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. M. McCormick D.O.</u>				23b. ADDRESS <u>300 1/2 W. Reed St. Moberly Mo</u>		23c. DATE SIGNED <u>4-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 3rd-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-8-53</u>		REGISTRAR'S SIGNATURE <u>Seal [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son, Moberly, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.