

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45014

State File No.

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5322</u>		Registrar's No. <u>30-1953</u>		
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Crawford</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Suba, R.R.#3, 6 Mi. S.E.</u>		c. LENGTH OF STAY (in this place) <u>2 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Suba, R.R.#3, 6 Mi. S.E.</u>		0200		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.H. Res. of Law, Adele Polson</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #3</u>				
3. NAME OF DECEASED a. (First) <u>Amanda</u> (Type or Print)			b. (Middle) <u>Raybrook</u>			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>12-22-1953</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widow, Divorced</u> (Specify)	
8. DATE OF BIRTH <u>June 11, 1877</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		IF UNDER 18 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Leasburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Wife</u>	
13a. FATHER'S NAME <u>George Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Wood</u>			13c. NAME OF HUSBAND OR WIFE <u>Charles Raybrook</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adele Polson, R.R.#3, Suba, 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>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease 20 yrs.</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 <u>15 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) <u>4200</u>				
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?				
22. I hereby certify that I attended the deceased from <u>11-1, 1953</u> , to <u>12-22, 1953</u> , that I last saw the deceased alive on <u>11-1, 1953</u> , and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>G.A. Elders, M.D.</u>				23b. ADDRESS <u>Suba, Mo.</u>		23c. DATE SIGNED <u>12/24/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Michael Annuad Home</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-23-1953</u>		REGISTRAR'S SIGNATURE <u>Paul R. Shandlin</u>		372		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul R. Shandlin</u> ADDRESS <u>Suba, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19 1938

STATEMENT BY LICENSED EMBALMER

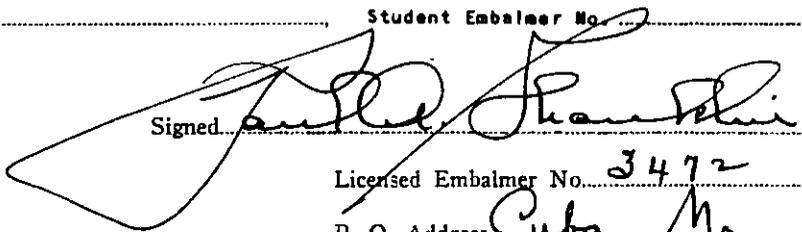
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3472

P. O. Address Cuba, 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.