

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1954

State File No.

No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>157</u>	PRIMARY REG. DIST. NO. <u>5582</u>	Registrar's No. <u>229</u>
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>3 MOS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fair Acres</u>		d. STREET ADDRESS (If rural, give location) <u>204 N. Penn St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DEWEY</u>		b. (Middle) <u>E.</u>	c. (Last) <u>RAYBURN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16, 1954</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 4, 1876</u>		9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Evansville, Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Rayburn</u>		
13b. MOTHER'S MAIDEN NAME <u>Siritha Evans</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Walter Jackson, Rte 1, Joplin, Mo</u>
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) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u> <u>unknown</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>11-15, 1953</u> , to <u>11-9, 1954</u> , that I last saw the deceased alive on <u>11-9, 1954</u> , and that death occurred at <u>5:10pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Grover S. Patterson M.D.</u>		23b. ADDRESS <u>506 S Main, Carthage, Mo</u>		23c. DATE SIGNED <u>11-18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City</u>		
DATE REC'D BY LOCAL REG. <u>11-18-54</u>		REGISTRAR'S SIGNATURE <u>W. H. Chute 139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City</u>

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

County File Number
Date Filed
NOV 24 1954

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 *Harvey E. Rince* _____

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.