

FILED MAR 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5710

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>me</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carruthersville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Carruthersville</u>			
c. LENGTH OF STAY (in this place) <u>2 mos</u>				d. STREET ADDRESS (If rural, give location) <u>514 E 14th St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 E 14th St</u>							
3. NAME OF DECEASED (Type or Print) <u>Rayfield</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2nd May 1895</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Lee Allen</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>Ruby Lee Allen</u>		ADDRESS <u>514 E 14th St. Carruthersville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</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>4200</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10/12</u> , 19 <u>54</u> , to <u>Feb 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 29</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. R. McEay M.D.</u>				23b. ADDRESS <u>Carruthersville Mo.</u>		23c. DATE SIGNED <u>3/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>28 Feb 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blountville</u>		24d. LOCATION (City, town, or county) (State) <u>Blountville Ark</u>	
DATE REC'D BY LOCAL REG. <u>3-4-1955</u>		REGISTRAR'S SIGNATURE <u>Dessie B. Walker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Orsola</u>		ADDRESS <u>Carruthersville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3-69-55

MAR 10 1955

PEPPER COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

5-10-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. nine

working under my personal supervision.

Student Name.....
Student Embalmer

Signed P. B. Orndorff

Licensed Embalmer No. 4833

P. O. Address Caruthersville, 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.