

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19270

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Lexington		c. CITY OR TOWN Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. STREET ADDRESS North Stanton	

3. NAME OF DECEASED (Type or Print) a. (First) VIRGIL b. (Middle) CARL c. (Last) RAYLEY			4. DATE OF DEATH (Month) (Day) (Year) June 15, 1955		
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1898	9. AGE (Years) (Months) (Days) 57 1 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Annual Farming	11. BIRTH PLACE (City and State or Foreign Country) Excelsior Springs, Missouri	12. CITIZENSHIP OF WHAT COUNTRY? U.S.R.
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13a. FATHER'S NAME John Rayley	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Buelah (Deak) Rayley
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16. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	17. SOCIAL SECURITY NO. 495-01-4700	17. INFORMANT'S SIGNATURE OR NAME FULL EUGENE RAYLEY, Excelsior Springs, Missouri	17. ADDRESS 5410
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative shock		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage DUE TO (c) Extensive surgery.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5410		

19a. DATE OF OPERATION June 11, 1955	19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer, duodenal diverticulum, adhesions, megacolon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Jan 12, 1955, to June 15, 1955, that I last saw the deceased alive on Jan 12, 1955, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Harry S. Griffith (Degree or title) M.D.	23b. ADDRESS Richmond Mo	23c. DATE SIGNED June 17, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
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DATE REC'D BY LOCAL REG. 6-20-55	REGISTRAR'S SIGNATURE M. M. E. G. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RICHMOND, MISSOURI
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 406..

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.