. No. 300
. 10.48

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

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7838

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Schell City
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 100

3. NAME OF DECEASED (Type or Print)
a. (First): BARRY
b. (Middle): William
c. (Last): REYBURN

4. DATE OF DEATH (Month) (Day) (Year): March 2 1956

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): married
8. DATE OF BIRTH: Oct. 20, 1868
9. AGE (In years last birthday): 89 yrs
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and State or Foreign Country): Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Joseph Reyburn
13b. MOTHER'S MAIDEN NAME: Jane
14. NAME OF HUSBAND OR WIFE: Rosa May Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Don Reyburn
ADDRESS: Schell City, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardia failure — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of left mandible due to aberant salivary glands with metastatis of neck.

19a. DATE OF OPERATION: Jan. 11, '56
19b. MAJOR FINDINGS OF OPERATION: Resected mass from inside of mouth salivary glands (pathology report) 1421 of neck
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ____

22. *I hereby certify that I attended the deceased from* Jan. 9, *19*56, *to* March 2, *19*56, *that I last saw the deceased alive on* Mar. 2, *19*56, *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. B. Wray, M.D. (Degree or title) MD
23b. ADDRESS: Moore Bldg., Nevada, Mo.
23c. DATE SIGNED: Mar. 3, '56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 4, 1956
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
24d. LOCATION (City, town, or county) (State): Schell City, Mo.

DATE REC'D BY LOCAL REG.: 3-6-1956
REGISTRAR'S SIGNATURE: Omar J. Ferry M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Lewis & Son
ADDRESS: Schell City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....John G. Lewis.....

Licensed Embalmer No. 4774

P. O. Address Schell Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.