

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017014

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 68

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Scott		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston, Mo.		c. CITY OR TOWN Anniston,		d. STREET ADDRESS (If outside, give location) Anniston, Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston, Mo.		Inside Limits OR TOWN Sikeston, Mo.		c. CITY OR TOWN Anniston,		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Delta Comm. Hospital		Length of stay in lb 1 Wk		d. STREET ADDRESS (If outside, give location) Anniston, Missouri		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Benjamin Middle Wallace Last Rayder				Month April Day 15 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 29, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Ice Retail		11. BIRTHPLACE (City and state or country) Ripley, Tenn.		12. CITIZEN OF WHAT COUNTRY? U SA	
13. FATHER'S NAME Wm. Rayder				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT Mrs. Fern Thurman, Anniston, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 4/10/58	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension						DUE TO (c) Arterio-Sclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None						19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY		20d. INJURY OCCURRED					
Hour --- Month --- Day --- Year ---		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from 4/10/58 to 4/15/58 and last saw him alive on 4/14/58 Death occurred at 8:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. Charles Kelving M.D.				22b. ADDRESS Charleston, Mo		22c. DATE SIGNED 4/15/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		4/17/58		Watson, Cemetary		Watson, Arkansas	
24. FUNERAL DIRECTOR ADDRESS Mc Mickle, East Prairie, Mo.				25. DATE RECD. BY LOCAL REG. 4-15-58		26. REGISTRAR'S SIGNATURE Mrs. E. L. Hunter	

DATE RECEIVED APR 21 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 458-97

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 Elgin McSpible

Licensed Embalmer No. 46

P. O. Address Charlotte

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