

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032291

STATE FILE NUMBER

FILED OCT 1 1958		Registration District No. 119		Primary Registration District No. 5443		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) Roark Twp				c. CITY OR TOWN 0370		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) Errene Valley Rest Home				Length of stay in lb 3 yrs		d. STREET ADDRESS (If outside, give location) 3 mi. S. W. of Hermann	
3. NAME OF DECEASED (Type or print) Rayney Forrest DeVault				4. DATE OF DEATH Month Sept Day 23 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Jan 7, 1891	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		11. BIRTHPLACE (City and state or country) Maries Co, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Da Vault				13b. MOTHER'S MAIDEN NAME Victorian Cox		14. NAME OF HUSBAND OR WIFE Iva	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. yes		17. INFORMANT Gene DeVault Owensville, 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) Tertiary syphilis						INTERVAL BETWEEN ONSET AND DEATH 3 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 027X							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1956 , to 9-23-58 and last saw him alive on 9-22-58 Death occurred at 3:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carol T. Shaw M.D.				22b. ADDRESS Hermann, Mo.		22c. DATE SIGNED 9-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 26 1958		23c. NAME OF CEMETERY OR CREMATORY Southard C emetery		23d. LOCATION (City, town, or county) (State) Maries Co, Mo.	
24. FUNERAL DIRECTOR ADDRESS Gahr Funeral Home, St. James, Mo				25. DATE RECD. BY LOCAL REG. 9-25-58		26. REGISTRAR'S SIGNATURE Delma Affelmon	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OCT 8 1958

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. **3160**

P. O. Address **Hermann, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.