

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043523

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 64

FILED DEC 30 1958

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY OR TOWN Salisbury		c. CITY OR TOWN Salisbury	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 602 East 2nd St.		d. STREET ADDRESS 602 East 2nd St.	
3. NAME OF DECEASED (Type or print) First Richard Middle Stapleton Last Reyburn		4. DATE OF DEATH Month Dec. Day 26, 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 Jan. 25, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farm	11. BIRTHPLACE (City and state or country) Carrol County, Mo.
13a. FATHER'S NAME James Reyburn		13b. MOTHER'S MAIDEN NAME Nancy Prather	14. NAME OF HUSBAND OR WIFE Minnie Cristman Reyburn
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. none	17. INFORMANT Address Mrs. F. E. Lusher, Salisbury, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 9 da (7)
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 Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Dec - 11/58 to Dec 26/58 last saw ^{him} alive on Dec 26-58 Death occurred at 4:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE DW Hawkins MD (Degree or title)		22b. ADDRESS Salisbury Mo	
22c. DATE SIGNED 12-27-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/28/58	23c. NAME OF CEMETERY OR CREMATORY Whorton Cemetery	23d. LOCATION (City, town, or county) (State) Bosworth, Missouri
24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.		25. DATE RECD. BY LOCAL REG. 12-27-58	26. REGISTRAR'S SIGNATURE DW Hawkins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 Chas B Winkelmeier

Licensed Embalmer No. 3842
P. O. Address Salisbury, Md

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.