

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008945
STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 12

300
-57

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN 0356
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 412 N. BECKWITH		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 412 N. BECKWITH
3. NAME OF DECEASED (Type or print) First Middle Last BIRDIE I RAYBURN			4. DATE OF DEATH Month Day Year 3 18, 1959
5. SEX FEMALE 1	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 20, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 82
11. BIRTHPLACE (City and state or country) CLARKTON, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT STOKES		13b. MOTHER'S MAIDEN NAME MARTHA WHITE	
14. NAME OF HUSBAND OR WIFE MAURICE B. RAYBURN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT DORRIS FRAZIER, MALDEN, 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) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Cerebral Thrombosis</i> DUE TO (c) <i>331X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension - Cerebral Thrombosis (Cerebral) vascular Disease</i>			INTERVAL BETWEEN ONSET AND DEATH 6 MRS.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 4-4-53 to 3-16-59 and last saw him alive on 3-16-59 Death occurred at 8:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE <i>Agnes C. Tom Me.</i> (Degree or title)		22b. ADDRESS Malden Mo	
22c. DATE SIGNED 3-21-59			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-20-1959	
23c. NAME OF CEMETERY OR CREMATORY BARK CEMETERY		23d. LOCATION (City, town, or county) (State) MALDEN MO.	
24. FUNERAL DIRECTOR DAY & KNIGHT, FUNERAL HOME MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 3-25-59	
26. REGISTRAR'S SIGNATURE <i>J. D. Sherman</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, welfare, public service
Local, coroner, etc.: must use only standard certificate
All diseases in Part I must be causally related.

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 *J. J. Shuman*
Licensed Embalmer No. *4086*
P. O. Address *Walden*

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.