

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027097

FILED VS AUG 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **8 7051** STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis Mo</i>				Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>277 19th St</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>817 N. 19</i>	
3. NAME OF DECEASED (Type or print) <i>Claude RAYBURN</i>				DATE OF DEATH Month <i>7</i> Day <i>17</i> Year <i>59</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		9. AGE (last birthday) <i>61</i>	
13a. FATHER'S NAME <i>W.R.</i>				13b. MOTHER'S MARDEN NAME <i>W.R.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>W.R.</i>				16. SOCIAL SECURITY NO. <i>W.R.</i>		17. INFORMANT'S Address <i>T.E. Rayburn 681300 Clark</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>							
DUE TO (b) <i>420.1</i>							
DUE TO (c) <i>Coronary Sclerosis</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Paul Johnson Coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>7/27/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>7-31-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Peoples Und. Co. 3100 Franklin Ave.</i>				25. DATE RECD. BY LOCAL REG. <i>JUL 30 1959</i>		26. REGISTRAR'S SIGNATURE <i>Good Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

~~NOT~~

NOT EMBALMED

Student _____

Signature of Student Embalmer

Signed _____

BURIED BY CITY.

Licensed Embalmer No. _____

P. O. Address _____

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.