

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 7 1960

-60-029592
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5095 Registrar's No. 105

DEED

1. PLACE OF DEATH a. COUNTY Dates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mingo Twp.		Length of stay in 1b Just Arrived	c. CITY OR TOWN Deep Water Twp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Deep Water Twp.

3. NAME OF DECEASED (Type or print) First Winston Middle Wayne Last Raybourn			4. DATE OF DEATH Month August Day 28 Year 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-30-41	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bates County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Clarence V. Raybourn	13b. MOTHER'S MAIDEN NAME Christee A. Sargent	14. NAME OF HUSBAND OR WIFE Mo.
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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. 499-44-1070	17. INFORMANT Clarence V. Raybourn, Appleton City	Address Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental drowning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Laceration + trauma of head after diving	
	DUE TO (c)	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) dove into a farm pond out top of head on something at bottom
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20c. TIME OF INJURY Hour 3 PM Month, Day, Year Aug 28 '60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm pond near 33 Mingo Twp.	20f. CITY, TOWN, OR LOCATION Bates	COUNTY Mo	STATE
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21. I attended the deceased from death on arrival , to _____ and last saw her/him alive on _____ Death occurred at About 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE D.S. Colson Do	22b. ADDRESS Adrian Mo	22c. DATE SIGNED Aug 29 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-28-60	23c. NAME OF CEMETERY OR CREMATORY Myer Cemetery	23d. LOCATION (City, town, or county) Appleton City Mo.	(State)
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24. FUNERAL DIRECTOR Eckhoff, Appleton City, Mo.	25. DATE RECD. BY LOCAL REG. Aug 29-1960	26. REGISTRAR'S SIGNATURE Randall Perry
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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.

Student _____
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 394

P. O. Address Appleton

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.