

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026773

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1130

DO NOT WRITE ON THIS STUB

AMENDED

VS 305
Rev. 4/59

1 0347

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		c. CITY OR TOWN Springfield	
Length of stay in 1b 12 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's Hospital		d. STREET ADDRESS (If outside, give location) 608 E. Elm	
3. NAME OF DECEASED (Type or print) First GEORGE Middle E. Last RAYBURN		4. DATE OF DEATH Month July Day 20, Year 1962	
5. SEX Male	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 December 31, 1885
9. AGE (last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (City and state or country) Olive Hill, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William R. Rayburn		13b. MOTHER'S MAIDEN NAME Elizabeth Lee Roe	
14. NAME OF HUSBAND OR WIFE Maude Rayburn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. INFORMANT Mrs. Maude Rayburn		Address Springfield, 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) Asphyxia DUE TO (b) Chronic Pulmonary Emphysema DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 years
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 November 1961 to July 20, 1962 and last saw her alive on July 20, 1962 . Death occurred at 3 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. Eastwood MD (Degree or title)		22b. ADDRESS 1745 Boonville, Springfield, Mo.	22c. DATE SIGNED 7-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 23, 1962	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or county) (State) Piedmont, Missouri
24. FUNERAL DIRECTOR Coder Funeral Home Piedmont, Missouri		25. DATE RECD. BY LOCAL REG. 7-25-62	26. REGISTRAR'S SIGNATURE Effie S. Melton

Permit 7-20-62

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 Lewis D. Schreff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.