

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2919

FILED JAN 31 1951

State File No. \_\_\_\_\_  
Registrar's No. **627**

|   |  |  |  |  |  |   |   |
|---|--|--|--|--|--|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>627</b>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>3</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                                    |  | 2119  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>   |  |  |  | d. STREET ADDRESS (If rural, give location) <b>3761 Cook Ave.</b>  |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Rufus</b><br>b. (Middle) _____<br>c. (Last) <b>Rayford</b>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Jan. 17, 1951</b> |  |  |   |   |
| 5. SEX <b>Male 2</b>  |  | 6. COLOR OR RACE <b>Negro</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>  |  | 8. DATE OF BIRTH <b>July 10, 1885</b>   |   |
| 9. AGE (In years last birthday) <b>65</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____   |  |   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>                |  | 11. BIRTHPLACE (State or foreign country) <b>Lonoke County, Ark. /</b> |   | 12. CITIZEN OF WHAT COUNTRY? _____                    |
| 13a. FATHER'S NAME <b>Isom Rayford</b>  |  |  | 13b. MOTHER'S MAIDEN NAME <b>Hattie Baker</b>                    |  | 14. NAME OF HUSBAND OR WIFE <b>--</b>                                  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Eula Rayford - 3761 Cook Ave.</b>   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                             |  | <p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b></p> <p>ANTECEDENT CAUSES<br/>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br/>DUE TO (b) _____<br/>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS<br/>Conditions contributing to the death but not related to the disease or condition causing death.</p> |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>many years</b> |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____  |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <b>H#3X</b>   |  |   |   |
| 22. I hereby certify that I attended the deceased from <b>May, 1949</b> , to <b>Jan 17, 1951</b> , that I last saw the deceased alive on <b>1-16, 1951</b> , and that death occurred at <b>2:05 a. m.</b> , from the causes and on the date stated above. |  |  |  |  |  |   |   |
| 23a. SIGNATURE <b>Edward B. Woods M.D.</b> (Degree or title)  |  |  |  | 23b. ADDRESS <b>Mo Pac Hosp.</b>   |  | 23c. DATE SIGNED <b>1-17-51</b>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>Jan. 20, 1951</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Washington Pk. Cem.</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>                  |   |
| DATE REC'D BY LOCAL REG. <b>JAN 21 1951</b>   |  | REGISTRAR'S SIGNATURE <b>J. B. Luster</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>English Mnd. Co. - 2931 Lucas Ave.</b> ADDRESS _____   |  |   |   |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Burleson English*

Signed.....

Student Embalmer

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

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 this body is not embalmed, fact should be so stated above.