

STANDARD CERTIFICATE OF DEATH

0500

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

BIRTH NO. APR 15 1952 REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 559L Registrar's No. 29			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, evidence before and after.) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>RURAL-Central</u>	c. LENGTH OF STAY (In this place) <u>10 Mos</u>	c. CITY OR TOWN <u>Rural-Central 10520</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STAR Rt. DeSoto Mo</u>		d. STREET ADDRESS (If rural, give location) <u>STAR Rt. DeSoto, Mo</u>	
3. NAME OF DECEASED (Type or Print) <u>Alex</u>	a. (First) <u>Alex</u>	b. (Middle) <u>N.M.N.</u>	c. (Last) <u>RAYNO</u>
4. DATE OF DEATH <u>APR. 2-1952</u>	(Month) <u>APR.</u> (Day) <u>2</u> (Year) <u>1952</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 7-1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hungary</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Rayno</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Belmont</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma Rayno - St Louis Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>arterio-sclerotic heart disease</u>		<u>years</u>
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)	<u>4200</u>
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?	
22. I hereby certify that I attended the deceased from <u>April 2, 1952</u>, to <u>April 2, 1952</u>, that I last saw the deceased alive on <u>April 2, 1952</u>, and that death occurred at <u>9:30 a.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold E. Donnell M.D.</u>	23b. ADDRESS <u>De Soto, Missouri</u>	23c. DATE SIGNED <u>4-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>April 5-52</u>	REGISTRAR'S SIGNATURE <u>Kathleen Menden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mothershead</u> ADDRESS <u>De Soto, Mo.</u>	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED APR 9 1952

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
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4795

P. O. Address De Soto, 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 this body is not embalmed, fact should be so stated above.