

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

State File No. **19516**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 614

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI! b. COUNTY HOLT 0440	
b. CITY OR TOWN ST. JOSEPH (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH Hospital (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARENCE	b. (Middle) WILBUR	c. (Last) RAYHILL	4. DATE OF DEATH (Month) (Day) (Year) JUNE 12 1952
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH FEB. 26, 1881	9. AGE (In years last birthday) 71	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 YEAR Hours	F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER & CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PAWNEE COUNTY, KANSAS /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CALEB RAYHILL	13b. MOTHER'S MAIDEN NAME AMY KLINE	14. NAME OF HUSBAND OR WIFE BEBBIE MAY RAYHILL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BILL RAYHILL OREGON, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Traumatic Injuries including intra-cranial injury internal injuries Fract. Rt. arm (multiple) Fract. L. Leg. Shock.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8250 33			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE (Specify) (Home, farm, factory, school, office, etc.) Cherokee Kansas	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Cherokee - Douglas - Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 7 1952 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW INJURY OCCURRED? Hit by truck

22. I hereby certify that I attended the deceased from 6-7-1952 to 6-12-1952, that I last saw the deceased alive on 6-13-1952, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Kieber, M.D.	23b. ADDRESS Phys & Surg Bldg. St. Joseph, Mo	23c. DATE SIGNED 6-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 15, 1952	24c. NAME OF CEMETERY OR CREMATORY COWAN	24d. LOCATION (City, town, or county) (State) NEW POINT, MO.
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DATE REC'D BY LOCAL REG. JUNE 17, 1952	REGISTRAR'S SIGNATURE Carl C. Castel 446	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Pettigrew Oregon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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60 JUN 23 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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.