S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31014

State File No. .....

FILED SEP 16 1952

BIRTH NO. ..... REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 134

0190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Peculiar Twp.
c. LENGTH OF STAY (in this place) 1 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pleasant View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Peculiar Twp 0190
d. STREET ADDRESS (If rural, give location) Pleasant View Rest Home RR 2

3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) c. (Last) RAYBURN

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan 29 1871
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bloomington Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Don't know
13b. MOTHER'S MAIDEN NAME Badenger
14. NAME OF HUSBAND OR WIFE Merl Rayburn

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. No
17. INFORMANT'S SIGNATURE OR NAME Robert C Ray Harrisonville ADDRESS Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH Instant

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4211
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7 *1950, to* Sept. 8 *, 1952, that I last saw the deceased alive on* Sept. 6 *, 1952, and that death occurred at* 12:11 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. S. Triplett M.D.
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED Sept. 9, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 11 1952
24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery
24d. LOCATION (City, town, or county) Harrisonville (State) Mo

DATE REC'D BY LOCAL REG. Sept. 11, 1952
REGISTRAR'S SIGNATURE Dora Barnard 45
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburgers ADDRESS Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 13 1952
CASS COUNTY
HEALTH DEPARTMENT

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 Ernest Rannenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.