FILED AUG 2 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

# CERTIFICATE OF DEATH

124

STATE FILE NUMBER 68 028487

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 86

VS 300 Rev. 1/68

DO NOT WRITE ON THIS STUB

| | |
|---|---|
| 9. | 1 |
| 10a. | 80 |
| 10b. | |
| 11. | 1 |
| 12. | 2 |
| 13. | 4290 |
| 14. | |
| 15. | 4 |
| 16. | |
| 17. | |
| 18. | 0 |
| 19. CREDITS | |
| 20. | 1 – 0 |

4. 0470

5. 1

## DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Myrtle Lee Rayfield
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): July 21, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 80
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): July 27, 1887
7a. COUNTY OF DEATH: Iron
7b. CITY, TOWN, OR LOCATION OF DEATH: Ironton
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Marys of the Ozarks
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Indiana
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER:
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housework
13b. KIND OF BUSINESS OR INDUSTRY: Home

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0470

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: Iron
14c. CITY, TOWN, OR LOCATION: Ironton
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 315 S. Mountain

## PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): Benjamin Seal
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Mary Jane Lewis

17a. INFORMANT—NAME: Vernon Rayfield
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 7106 Woodrow St.Louis,Mo.

## CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 18 IMMEDIATE CAUSE (a) | Myocardial failure | 1 day |
| DUE TO, OR AS A CONSEQUENCE OF (b) | Cardiac hypertrophy | ? |
| DUE TO, OR AS A CONSEQUENCE OF (c) | | |

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): secondary anaemia, thrombotic hemorrhoids

19a. AUTOPSY (YES OR NO): no
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: A.M. / P.M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

## CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 7-8-68
21b. TO (MONTH, DAY, YEAR): 7-21-68
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 7-21-68
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: yes
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR): 8:55 A.M. / P.M.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: A.M. / P.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): A.M. / P.M.

23a. CERTIFIER—NAME (TYPE OR PRINT): R. E. Harland, M. D.
23b. SIGNATURE: R. E. Harland, M.D.
DEGREE OR TITLE:
23c. DATE SIGNED (MONTH, DAY, YEAR): 7-23-68
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 118 N. Main Street, Ironton, Mo. 63650

## BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Mountain View
24c. LOCATION—CITY OR TOWN, STATE: Des Arc, Mo.
24d. DATE (MONTH, DAY, YEAR): July 24, 1968
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Gish-Bowles 321 N. Main Piedmont,Mo. 63957
25b. FUNERAL DIRECTOR—SIGNATURE: M E Bowles
26a. REGISTRAR—SIGNATURE: Mrs Avis Jones
26b. DATE RECEIVED BY LOCAL REGISTRAR: 7-25-68

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 M E Bowles, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvest Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, Ala

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.