MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33283

1. PLACE OF DEATH

County: Clay — Registration District No. 201 — File No.

Township: Liberty — Primary Registration District No. 5280 — Registered No. 83

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Raymond Oliver Stay

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): married ~~Single~~

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: [illegible]

6. DATE OF BIRTH (month, day and year): Ja. 21st 1903

7. AGE: Years 26 — Months 6 — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Employ Elev
(b) General nature of industry, business, or establishment in which employed (or employer): Stated Chem
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Missouri

PARENTS

10. NAME OF FATHER: Wm. H. Stay

11. BIRTHPLACE OF FATHER (city or town) (State or country): Mo.

12. MAIDEN NAME OF MOTHER: Jennie L. Madden

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Mo.

14. Informant: W W Hay
(Address)

15. Filed 11/10/29 19 ..... Wm H Gordson, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): 10/21 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Automobile Accident

2:10 PM (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. L. Wysong - Coroner, M. D.

10/22, 1929 (Address) Liberty Clay County Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pisgah Mo — DATE OF BURIAL: 10/23 1929

20. UNDERTAKER: W W Hill — ADDRESS: Liberty

25-3 #5 corr. by afdvt of wife 2-3-58 - [illegible]

JAN 13 1958

FEB 5 1958

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Clay — Registration District No.: 201 — File No.:

Township: Liberty — Primary Registration District No.: 5280 — Registered No.: 83

City: (No. , St. Ward)

2. FULL NAME Raymond A. Day

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 12/10/29 Wm H Goodson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Automobile accident
Clay County Mo.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-33283

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

Form V. S. 460

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of California ss. County of San Diego

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 28 day of January, 1958, before me appears Evelyn Fay Beeba, who, upon her oath, states that the original record of ~~birth~~ death for Raymond O'Kelley, ~~born~~ died Oct. 21-1929, 1929, in the State of Missouri, and which was filed at Jefferson City, Missouri on 10/22, 1929, should be corrected as follows:

Item No. 5 should read married.

Instead of single.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Evelyn Fay Beeba Wife
Relationship.

3961 - Kansas St.
Present Address.

Subscribed and sworn to before me this 28 day of January, 1958.

My Commission expires July 19, 1958. Notary Public.

S-33283