

SUPPL. JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23073

State File No. _____

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Years
In this community Three Years - 0 Mos - 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Candanton - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural -
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1940 hour 9:33 minute 8 M.
21. I hereby certify that I attended the deceased from June 9
1940 to June 19, 1940;
that I last saw him alive on June 19, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus
Duration 3 days

Due to _____
Due to _____ \$5

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
775
While at work (Specify type of place) _____
(?) Means of injury _____
23. Signature Wesley H. Toller (M. D. or other) _____
Address Nevada, Mo. Date signed 6-19-40

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

8. (a) PRINT FULL NAME Burley Warren Ray

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 14 1921
(Month) (Day) (Year)

8. AGE: Years 18 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Linn Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name George Ray
13. Birthplace Hugo Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alma Osborn
15. Birthplace Dagnell Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Records, State Hosp #3

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 6-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naterville, Mo.

18. (a) Signature of funeral director A. King

(b) Address Linn Creek Mo.

19. (a) 6-20-40 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

RECEIVED
[OFFICE OF THE STATE HEALTH COMMISSION
6-10-1086
7-5-40
Date Filed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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, above space should be left blank.