Dr. Pickens

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32616

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 913

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1307 N. Park (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1307 N. Park (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Johnnie Lee Ray
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife William Schuuster
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Feb. (Month) 6 (Day) 1925 (Year)

8. AGE: Years	Months	Days	If less than one day
23	8	15	hr. min.

9. Birthplace Conway (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Frank Ray
13. Birthplace Teney County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Laura Bishop
15. Birthplace (City, town, or county) Georgia (State or foreign country)
16. (a) Informant Mrs. Janies McKee
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 10-22-48 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1948 hour 1 minute 30p. M.
21. I hereby certify that I attended the deceased from August 20th, 1948, to October 21, 1948; that I last saw her alive on October 21, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure ~~chetiasis c chronic fibrous~~

Due to bilateral diffuse bronchochetiasis c chronic fibrous

Due to bronchial pneumonia, pleural adhesions c diffusion

Other conditions Cirrhosis of liver c ascites (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Medical Arts Bldg. Date signed Oct 22, 48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. McGraw, Registered Apprentice No. 277 working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.