

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1949

State File No. 8140

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> - 30	
b. CITY OR TOWN <u>Rural Campbell Township</u> c. LENGTH OF STAY (in this place) <u>7 mo</u>		c. CITY OR TOWN <u>Rural Boone Township</u> - 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u> 0		d. STREET ADDRESS (If rural, give location) <u>Ash Grove Mo R70 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolina</u> b. (Middle) _____ c. (Last) <u>Ray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>July - 4 - 1873</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home Maker</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Miles Jordan</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Canada</u>	14. NAME OF HUSBAND OR WIFE <u>William Ray</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Remuel Jordan</u> ADDRESS <u>Ash Grove Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac decompensation</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary accident</u> DUE TO (c) _____		<u>1 day</u>
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 <u>400</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from Jan 25, 1949, to March 25, 1949, that I last saw the deceased alive on March 25 1949, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Brown M.D.</u>	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>3/29/1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kelley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Ash Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/31/49</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Brown</u> ADDRESS <u>Natural Grove Mo</u>
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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

*Gene A. Brown*

Licensed Embalmer No. *2664*

P. O. Address: *Palmetto Grove, N.C.*

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.