

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42112

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>258</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly Mo.</u>		c. LENGTH OF STAY (in this place) <u>60</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly Mo</u>		d. STREET ADDRESS (If rural, give location) <u>520 Promenade</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>520 Promenade</u>				d. STREET ADDRESS (If rural, give location) <u>520 Promenade</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Ann</u> b. (Middle) <u>Ray</u> c. (Last) <u>Ray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 14 1888</u>			
9. AGE (In years last birthday) <u>61</u>		10. 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		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Warner Winn</u>		13b. MOTHER'S MAIDEN NAME <u>Liddie Cleeton</u>		14. NAME OF HUSBAND OR WIFE <u>Lige Ray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lige Ray</u> ADDRESS <u>520 Promenade Moberly</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial failure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>21 days</u> <u>491X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Oct 44, 1945</u> to <u>Dec 7, 1949</u> , that I last saw the deceased alive on <u>Dec 7, 1949</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. Robinson M.D.</u> (Degree or title)				23b. ADDRESS <u>Hisbee, Mo</u>		23c. DATE SIGNED <u>12-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 11 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perche</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 11 - 49</u>		REGISTRAR'S SIGNATURE <u>Paul Deleau</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>269</u> <u>Burton Funeral Home</u>		ADDRESS <u>Home Hope Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1930

NOV 15 1929

RECEIVED
District Health Officer No
District File Number 12-49
Date Filed DEC 19 1929

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 EW Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow

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.