

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32474

State File No. ....

FILED OCT. 2 1950

BIRTH NO. .... REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY: <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Mountain Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Mountain Grove</u> <u>1141</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>520 N. Oakland St.</u>		d. STREET ADDRESS (If rural, give location): <u>0</u>	

3. NAME OF DECEASED (Type of Print): <u>Peter Henry Raby</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-50</u>
--	------------	-------------	-----------	--

5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Married /</u>	8. DATE OF BIRTH: <u>March 18, 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
---------------------	--------------------------------	--	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Drayman</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>Transfer</u>	11. BIRTHPLACE (State or foreign country): <u>Howell County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME: <u>M. J. Raby</u>	13b. MOTHER'S MAIDEN NAME: <u>Emile Herndon</u>	14. NAME OF HUSBAND OR WIFE: <u>Gladys Adams</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO.: <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME: <u>Mrs. Gladys Raby, Mt. Grove Mo.</u>	ADDRESS: <u>Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>45:00</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 3-9-, 1949, to 9-16-, 1950, that I last saw the deceased alive on 9-16-, 1950, and that death occurred at 10:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE: <u>P. M. ...</u>	(Degree or title)	23b. ADDRESS: <u>Mt. Grove Mo.</u>	23c. DATE SIGNED: <u>9-18-50</u>
----------------------------------	-------------------	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	24b. DATE: <u>9/19/50</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State): <u>Willow Springs, Mo.</u>
--	---------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE: <u>9-18-50</u> <u>A. G. Ames</u>	REGISTRAR'S NO.: <u>378</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>Burns</u>	ADDRESS: <u>Willow Springs, Mo.</u>
---	-----------------------------	--	-------------------------------------

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

RECEIVED SEP 21 1950  
WRIGHT CO. HEALTH DEPT.  
County File Number 930-116  
Date Filed Sept. 30, 1950

WRIGHT CO. HEALTH DEPT.  
County File Number \_\_\_\_\_  
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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*Fred W. Barnes*

Student .....  
Student Embalmer

Signed Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.