

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33315

BIRTH NO. 164701-50 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 810

1. PLACE OF DEATH a. COUNTY <b>HARRISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Gretna</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Bethany</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>E. of Stanberry 0380</b>	
c. LENGTH OF STAY (In this place) <b>4 hrs</b>		d. STREET ADDRESS <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEED</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SHARON LEE</b> b. (Middle) <b>RAY</b> c. (Last) <b>RAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 6 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>10-6-1950</b>	9. AGE (In years last birthday) <b>4 Mos</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Bethany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>W.M. Ray</b>	13b. MOTHER'S MAIDEN NAME <b>Mary B. Munn</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W<sup>m</sup> Ray</b>	ADDRESS
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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, asphyxia, 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) <b>Premature Birth 6 1/2 Mos</b>		
	ANTECEDENT CAUSES Morbidity 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 6, 1950**, to **Oct 6, 1950**, that I last saw the deceased alive on **Oct 6, 1950**, and that death occurred at **8 A m.**, from the causes and on the date stated above.

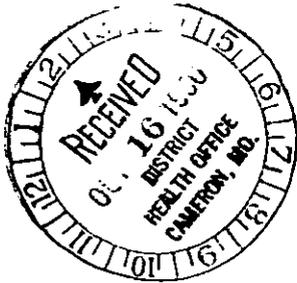
23a. SIGNATURE (Degree or title) <b>C. A. Williamson D.C.</b>	23b. ADDRESS <b>Gretna, MO</b>	23c. DATE SIGNED <b>10/6/50</b>
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24a. BURIAL: CREMATION: REMOVAL: (Specify) <b>burial</b>	24b. DATE <b>10/7/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>High Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Stanberry MO</b>
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DATE REC'D BY LOCAL REG. <b>10/12/50</b>	REGISTRAR'S SIGNATURE <b>Zola Burris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. Phillips</b>	ADDRESS <b>Blanchard MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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



*Dr. Williamson  
or. Halme...*

**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.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

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, fact should be so stated above.