

FILED DEC 11 1950

## STANDARD CERTIFICATE OF DEATH

36248

State File No. \_\_\_\_\_

Registrar's No. 1352

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		State File No. _____		Registrar's No. <u>1352</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			1117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>108 So. 17th St.</u>					d. STREET ADDRESS (If rural, give location) <u>108 So. 17th St.</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NETTIE</u>		b. (Middle) <u>J.</u>		c. (Last) <u>RAY</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>21</u> (Year) <u>1950</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>11-13-1864</u>		9. AGE (In years, Months, Days, Hours, Min.) <u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ray Co., Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Cates</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret ?</u>			14. NAME OF HUSBAND OR WIFE <u>James Ray</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Goldsberry, 108 So. 17th St.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>						1998	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Primary site undetermined</u>							
		DUE TO (c) <u>XXXXXXXX</u>							
19a. DATE OF OPERATION <u>XXXXXXXX</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXX</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXXXXX</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXX</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> WORK <input type="checkbox"/> OUT OF WORK <input checked="" type="checkbox"/> <u>XXXXXXXXXX</u>		21f. HOW DID INJURY OCCUR <u>XXXXXXXXXX</u>					
22. I hereby certify that I attended the deceased from <u>Nov. 8, 1950</u> , to <u>Nov. 21, 1950</u> , that I last saw the deceased alive on <u>Nov. 21, 1950</u> , and that death occurred at <u>3:40P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Clemens C. Casper</u>				(Degree or title)		23b. ADDRESS <u>Schneider Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>11-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/24/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. AUBURN</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		446		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Supp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3486

P. O. Address St. Joseph, 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.