

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40315**

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 41

360
1

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon Rural Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon, Rural Boone	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R.F.D. #1	

3. NAME OF DECEASED a. (First) Raymond b. (Middle) _____ c. (Last) Ray			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 13th, 1910		9. AGE (In years last birthday) 40 10. MONTH 9 11. DAY 20 12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.	

13a. FATHER'S NAME John Ray		13b. MOTHER'S MAIDEN NAME Mary Jane Hodges		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. 498-07-5644		17. INFORMANT'S SIGNATURE AND ADDRESS John Ray Bourbon, Missouri.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		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.		4341	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION F		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)		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 Jan 15, 1948, to Dec 1, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald Scott D.D.		23b. ADDRESS 2 Bourbon Mo		23c. DATE SIGNED 12-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Mound	
DATE REC'D BY LOCAL REG. 12-6-50		REGISTRAR'S SIGNATURE H. Matthews		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Elbert Long Bourbon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

File No. -----

DISTRICT HEALTH OFFICE No. 4

JAN 8 1951

RECEIVED

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.

Student Embalmer No.

Signed *Norman C. Haener*

Signed.....
Student Embalmer

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Missouri*

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.