

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43918

State File No. ....

5980

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 525' PRIMARY REG. DIST. NO. 6099 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY OR TOWN <u>Rural (Prairie)</u>	c. LENGTH OF STAY (in this place) <u>70 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Prairie)</u> <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31-1950</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>Nov. 11-1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>David B. Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah A. Singleton</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie L. Ray</u>		
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs W.T. Ray, Queen City, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES		4201
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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) _____	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 Dec 31, 1950, to Dec 31, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.E. Vaughn M.D.</u>	23b. ADDRESS <u>Lancaster, Mo.</u>	23c. DATE SIGNED <u>1-1-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Schuyler Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. A. Drake</u>
		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wm. A. Drake, Queen City, Mo.</u>

Date Received: JAN 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-132  
Date Filed: JAN 24 1951

**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 *Wm N West* \_\_\_\_\_

Licensed Embalmer No. *2882* \_\_\_\_\_

P. O. Address *Queens City N.Y.* \_\_\_\_\_

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.