

FILED MAR 29 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10534**
2488

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If last residence before admission): a. STATE Oklahoma b. COUNTY Muskogee			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Muskogee		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 924 Columbus			
3. NAME OF DECEASED (Type or Print) a. (First) Dean b. (Middle) Wright c. (Last) Ray			4. DATE OF DEATH (Month) Mar. (Day) 15, (Year) 1951				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 14, 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY MKT Railroad		11. BIRTHPLACE (State or foreign country) Pacific Junction, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. J. Ray		13b. MOTHER'S MAIDEN NAME Hannah J. Ray		14. NAME OF HUSBAND OR WIFE Nancy J. Ray			
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. 512-16-1425		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothea Ray, 4008 Adams, K. City, Kan			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma, Right lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 10 mo	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. esophageal destruction				4 hrs	
19a. DATE OF OPERATION 3-14-51		19b. MAJOR FINDINGS OF OPERATION Extensive cancer Rt lung to heart				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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X			
22. I hereby certify that I attended the deceased from 3-14-51 to Mar 15, 1951 , that I last saw the deceased alive on Mar 14, 1951 , and that death occurred at 20:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE D. J. Verda M.D. (Degree or title)				23b. ADDRESS 4500 Olive St St Louis Mo		23c. DATE SIGNED 3-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-15-51		24c. NAME OF CEMETERY OR CREMATORY Independence, Kansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL HEALTH DEPT. APR 16 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

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

Murray

2488

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.....

Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.