

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23562**

FILED JUL 25 1951

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Lafayette County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hospital Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>West 16th Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>-----</u>	c. (Last) <u>Ray</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 7th 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>About 1879</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 6 WKS.
				<u>71</u>	Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor - Helper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Mayview, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>not known</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maggie Young, Kansas City, Mo.</u>
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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, ashenia, 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) <u>Coronary ischemia</u>		<u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia of undetermined origin</u> DUE TO (c) <u>Cholecystitis</u>		<u>undetermined</u> <u>3 wks.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>585x</u>	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) (Min.)	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 6-16-51, 1951, to 7-7-51, 1951, that I last saw the deceased alive on 7-6-51, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert D. Beck</u> <u>M.D.</u>	23b. ADDRESS <u>Higginsville, Missouri.</u>	23c. DATE SIGNED <u>7/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Muncie</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 16, 1951</u>	REGISTRAR'S SIGNATURE <u>M. Ernest</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Fisher Higginsville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-24-51

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**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 *Forest A. Reekhoff*

Licensed Embalmer No. *4284*

P. O. Address *Stygma 67*

**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.