

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300
v. 10.48

FILED JAN 28 1952

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6067 Registrar's No. 65

0930
3

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

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Texas</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Tiffin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u> <u>1070</u>	
c. LENGTH OF STAY (In this place) ---		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Speedwell Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Merle</u> b. (Middle) <u>D.</u> c. (Last) <u>Ray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7, 1952</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>August 19, 1924</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transport</u>	11. BIRTHPLACE (State or foreign country) <u>Cabool Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Marion Ray</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth L. Ray</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>Yes</u> <u>WW # 2</u>	16. SOCIAL SECURITY NO. <u>497-22-8559</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth L. Ray</u>	ADDRESS <u>Cabool 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck and Concussion</u> 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
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E8234		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>193 32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 82</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tiffin St. Clair County Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan, 7, 1952 6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Truck left Highway and hit a bridge</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 A.M. on the causes and on the date stated above.

23a. SIGNATURE <u>Fareed B. Goodrich</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Osceola Missouri</u>	23c. DATE SIGNED <u>1-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cabool Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-7-52</u>	REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Goodrich</u>	ADDRESS <u>Osceola Mo</u>
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RECEIVED JAN 26 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed **JAN 26 1952**

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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 JFB Goodrich

Licensed Embalmer No. 3038

P. O. Address Queens, 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.