

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4182  
 Registrar's No. 62

FILED FEB 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5169</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY OR TOWN <u>Rural 9 Mile Township</u>		c. LENGTH OF STAY (in this place) <u>7.5 yrs</u>		c. CITY OR TOWN <u>Rural 9 Mile Township</u>		d. STREET ADDRESS (If rural, give location) <u>9 Mile Township</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lyda</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Ray</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3/6 or 7/76</u>	
9. AGE (in years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 HR.: Hours _____ Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ed. Ray</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Al Ray</u>		ADDRESS <u>M = Credie, Mrs</u>	
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>Aspirated to death</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>while fighting fire</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>714 E 9160 - 16</u>				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) <u>Nine Mile Callaway Mo</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. TIME OF INJURY <u>2:45 PM</u>		21f. HOW DID INJURY OCCUR? <u>fell while fighting fire</u>		21g. DATE OF DEATH <u>Feb 21 1952</u>		21h. I, _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. L. Barrett</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>2/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>FEB 23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whetstone Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 23 1952</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funn and Undertaking</u>		ADDRESS	

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

**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 \_\_\_\_\_

*[Handwritten Signature]*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *[Handwritten Number]*

P. O. Address *[Handwritten Address]*

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.