

ED APR 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8200
Registrar's No. 3025

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. CITY (If outside corporate limits, write RURAL and give township) Willow Springs, 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa-Hogan Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Nettie	b. (Middle) May	c. (Last) Ray	4. DATE OF DEATH (Month) (Day) (Year) March 21, 1952
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5. SEX E.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/14/1897	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (State or foreign country) Cabool, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Leonard Baldwin	13b. MOTHER'S MAIDEN NAME Elizabeth Freeman	14. NAME OF HUSBAND OR WIFE Ora Ray
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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) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ora Ray, Willow Springs, Mo.	ADDRESS Willow Springs, Mo.
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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, asthenia, 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) Carcinoma (Adeno) Right Breast		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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) (Minute)	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 10/11, 1951, to 3/21, 1952, that I last saw the deceased alive on 3/20, 1952, and that death occurred at 230 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Willow Springs, Mo.	23c. DATE SIGNED 3/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/52	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 379	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Willow Springs, Mo.
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WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Fred W Barnes

Signed.....

Student Embalmer

Licensed Embalmer No. *7614*

P. O. Address

Willow Spring

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.