S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. CALLOWAY 24199
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 703-A

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 37 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 717 S. FLORENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD 0396
d. STREET ADDRESS (If rural, give location): 717 S. FLORENCE

3. NAME OF DECEASED (Type or Print)
a. (First): VOLLIE
b. (Middle): VICTOR
c. (Last): RAY

4. DATE OF DEATH (Month) (Day) (Year): JULY 24, 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JAN. 17 1877
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAV. SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: WELZ*PRINCE CO.
11. BIRTHPLACE (City and State or Foreign Country): CONWAY, ARKANSAS 1
12. CITIZEN OF WHAT COUNTRY?: ~~XX~~ USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: MYRTLE RAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. MYRTLE RAY SPRINGFIELD, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid 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: 177X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1951 *to* July 24, 1952, *that I last saw the deceased alive on* July 24, 1952, *and that death occurred at* 11:20 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S D Calloway, Jr. M.D.
23b. ADDRESS: 205 St Louis Springfield, Mo.
23c. DATE SIGNED: 7/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 11
24b. DATE: JULY 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: GREENLAWN
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H.H. LOHMEYER SPRINGFIELD, MO

(Licensed Embalmer's Statement on Reverse Side)

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 Lucien W. Hurdley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.