

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38061**

NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **6295** Registrar's No. _____

250
4

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

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY OR TOWN Plattsburg		c. CITY (If outside corporate limits, write RURAL and give township) Plattsburg 0250	
d. FULL NAME OF HOSPITAL OR INSTITUTION Quinn Rest Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MARIE c. (Last) RAY	4. DATE OF DEATH (Month) (Day) (Year) NOV. 11 1952
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH MAY 23 1867	9. AGE (In years last birthday) 85 if UNDER 1 YEAR Months 5 Days 18 if UNDER 1 HRS. Hours 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper	10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Neece	13b. MOTHER'S MAIDEN NAME SARAH MARTIN	14. NAME OF HUSBAND OR WIFE Lewis RAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) x	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ROBT. FROST ADDRESS Plattsburg, 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 5 days long standing
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus inf. of intestions		
	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. Parkinson disease			

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) _____	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 **Nov 9, 1952**, to **Nov 10, 1952**, that I last saw the deceased alive on **Nov 10, 1952**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R.W. Hayward (Degree or title) 2	23b. ADDRESS Plattsburg, Mo.	23c. DATE SIGNED Nov 11, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-13-52	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN	24d. LOCATION (City, town, or county) (State) Plattsburg MO
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DATE REC'D BY LOCAL REG. Nov 13, 52	REGISTRAR'S SIGNATURE Elizabeth L. Pearce	25. FUNERAL DIRECTOR'S SIGNATURE R.W. Lyon ADDRESS Plattsburg, MO
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JAN 8 1953

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 Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, Mo.

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.