

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7197

State File No. _____

No. 300
10-48

FILED FEB 24 1953

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 3056

Registrar's No. 55

83

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

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 55					
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo		0880					
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				d. STREET ADDRESS (If rural, give location) /							
3. NAME OF DECEASED (Type or Print)		a. (First) Lewis		b. (Middle) M		c. (Last) Ray					
4. DATE OF DEATH		(Month) Feb		(Day) 12		(Year) 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 3 1893		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Howard Co Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME David Ray			13b. MOTHER'S MAIDEN NAME Ida May Shaw.			14. NAME OF HUSBAND OR WIFE Eula Ray					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mrs Eula Ray			ADDRESS Higbee 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, asthma, 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) Unknown (Over)							
				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						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No			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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb 12, 1953, to Feb 12, 1953 , that I last saw the deceased alive on Feb 12, 1953 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE Thos. S. Fleming (Degree or title) MD						23b. ADDRESS Moberly, Mo			23c. DATE SIGNED Feb 14		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 15 1953		24c. NAME OF CEMETERY OR CREMATORY City			24d. LOCATION (City, town, or county) (State) Higbee Mo				
DATE REC'D BY LOCAL REG. 2-15-53		REGISTRAR'S SIGNATURE Teah Beckman			25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home			ADDRESS Higbee Mo			

He was brought to the hospital in a truck by one of his fellow workman. They lifted him out of the front seat of the truck. He was cyanotic, foam from mouth. Blood pressure not obtainable, pulse slow and irregular heart sounds weak, edema of lungs. He took a few breaths after getting on the stretcher and into the hospital and died.

MAR 11 1953

MAR 2 1953
MAR 11 1953

STATEMENT BY LICENSED EMBALMER

(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 W. Truimont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.