

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10739

State File No. _____

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 2001 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3205 Oak Ridge Drive</u>		d. STREET ADDRESS (If rural, give location) <u>3205 Oak Ridge Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WADE</u> b. (Middle) <u>HAMPTON</u> c. (Last) <u>RAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1, 1886</u>
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>0</u>	11. HOURS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Const. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Easley, South Carolina</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William H. Ray</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Rose 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>510-03-6804</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Ray, Joplin, Mo.</u>		ADDRESS _____	
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) <u>Coronary Occlusion</u>			<u>20 Min.</u>
ANTECEDENT CAUSES DUE TO (b) <u>Arterial Sclerotic Heart Disease</u>			<u>1 Year</u>
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"/>		<u>4200</u>	
21a. ACCIDENT (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) _____	
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 <u>Jan. 13, 1953</u> , to <u>Mar. 19, 1953</u> , that I last saw the deceased alive on <u>Mar 19, 1953</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE _____ (Degree or title)		23b. ADDRESS <u>321 Frisco Bldg. Joplin, Mo.</u>	
23c. DATE SIGNED <u>3-21-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>3-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

