

FILED DEC 15 1953

STANDARD CERTIFICATE OF DEATH

44853

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>135</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS 0970</u>		d. STREET ADDRESS (If rural, give location) <u>102 MARSHALL ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 MARSHALL ST.</u>				d. STREET ADDRESS (If rural, give location) <u>102 MARSHALL ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>BROWN</u> c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 11, 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>MARCH 9, 1873</u>		9. AGE (In years last birthday) <u>80</u>	if UNDER 1 YEAR Months <u>9</u>	if UNDER 1 YEAR Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SALINE COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>THOMAS E. RAY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LOU REAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH BOULWARE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. B. Ray - Sweet Springs, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac failure</u>						INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u>						<u>2 hrs.</u>
	DUE TO (c) _____						
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary edema</u>						
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 11, 1953</u> , to <u>Dec. 11, 1953</u> , that I last saw the deceased alive on <u>Dec 11, 1953</u> , and that death occurred at <u>10:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul A. Roberts, M.D.</u>				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>Dec 12, '53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DECEMBER 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO.</u>		
DATE REC'D BY LOCAL REG. <u>12/12/53</u>		REGISTRAR'S SIGNATURE <u>Dwight Andrews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. T. Parker - Sweet Springs, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs,

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.