

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15438

State File No. ....

Registrar's No. ....

0350

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5425

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hammersville</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hammersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Name</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 26 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar 6 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	9. AGE (In years last birthday) <u>67</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 24 HRS. <input type="checkbox"/> UNDER 1 MIN.
11a. BIRTHPLACE (City and State or Foreign Country) <u>Wesport MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jal Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Whitley</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew Ray</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-19-6403</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tom Ray</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			
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 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:54 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Quinton Tarter, Coroner, Dunklin County</u>		23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>5/28/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5/27/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett MO</u>
DATE REC'D BY LOCAL REG. <u>5/28/54</u>	REGISTRAR'S SIGNATURE <u>Bertie Kerwin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Clark</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 6-1-54 .....  
COUNTY FILE NUMBER 654-163 .....

JUN 4 1954

**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 W. T. Emerson

Licensed Embalmer No. 352

P. O. Address Franklin Ave

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.