

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29968**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **279**

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

2.

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY OR TOWN Marshall	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 6-4-8		• STREET ADDRESS (If rural, give location) 0972 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No 1			

3. NAME OF DECEASED a. (First) Ray b. (Middle) _____ c. (Last) CASE		4. DATE OF DEATH (Month) (Day) (Year) Oct 4 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12 1893
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 24 HRS. Hours 22 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Dr.	11. BIRTHPLACE (City and State or Foreign Country) Cooper Co Missouri	
12. CITIZEN OF WHAT COUNTRY? American			

13a. FATHER'S NAME John Case	13b. MOTHER'S MAIDEN NAME Sallie Martin	14. NAME OF HUSBAND OR WIFE Ethel Lee Case
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) DK (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. DK	17. INFORMANT'S SIGNATURE OR NAME Records State Hosp Fulton 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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	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 4222	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 **Oct 4**, 19**54**, to **Oct 4**, 19**54**, that I last saw the deceased alive on **Oct 4**, 19**54**, and that death occurred at **7:50** p.m., from the causes and on the date stated above.

23a. SIGNATURE W.P. Price (Degree or title) MD	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 10/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7-1954	24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cem	24d. LOCATION (City, town, or county) (State) Arrow Rock Mo
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DATE REC'D BY LOCAL REG. Oct. 4-1954	REGISTRAR'S SIGNATURE Maretha Lawrence 4267	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton Mo. ADDRESS _____
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OCT 19 6 1 1900

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.....
Signature of Student Embalmer

Signed *Stanley C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.