

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16930

State File No.

FILED JUN 10 1955

4646

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4646			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3512 Prairie Ave.				e. STREET ADDRESS (If rural, give location) 3512 Prairie Ave.				2100	
3. NAME OF DECEASED (Type or Print) a. (First) Kate			b. (Middle) E.			c. (Last) Ray			
4. DATE OF DEATH (Month) (Day) (Year) May. 25, 1955									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 2, 1868		9. AGE (In years last birthday) 87	
						IF UNDER 1 YEAR Months 3 Days 23		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Pocahontas, Illinois		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME George T. Short			13b. MOTHER'S MAIDEN NAME Catherine Bilyeu			14. NAME OF HUSBAND OR WIFE William M. Ray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Perley T. Ray ADDRESS 3512 Prairie Ave.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cap. Tongue 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.						INTERVAL BETWEEN ONSET AND DEATH 1 yr +	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 141X					
22. I hereby certify that I attended the deceased from 3-10-1955 to 5-25, 1955 , that I last saw the deceased alive on 5-24, 1955 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Wayne O. Sorka (Degree or title) M.D.				23b. ADDRESS 2739 N. Grand		23c. DATE SIGNED 5-26-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-28-55		24c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery		24d. LOCATION (City, town, or county) (State) Pocahontas, Illinois			
DATE REC'D BY LOCAL REG. MAY 27 1955		REGISTRAR'S SIGNATURE J. Carl Smith		GENERAL DIRECTOR'S SIGNATURE W. S. Mark		ADDRESS 1225 Union			

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.....
Signature of Student Embalmer

Signed *Melvin L. Kern*.....

Licensed Embalmer No. *40*.....

P. O. Address *3570 S. 10th*.....

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.