

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21659

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5370</u>		Registrar's No. <u>78</u>			
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township		c. LENGTH OF STAY (in this place) 18 Yrs.		c. CITY OR TOWN Washington Rural Twp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Daviess Co. Rest Home				STREET ADDRESS (If rural, give location) ---					
3. NAME OF DECEASED (Type or Print) a. (First) Lina			b. (Middle) Eldora		c. (Last) Razy		4. DATE OF DEATH (Month) (Day) (Year) July 28 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 29 1875		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Daviess Co., Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jonathan Poe			13b. MOTHER'S MAIDEN NAME Dulcena Mason			14. NAME OF HUSBAND OR WIFE Chas. E. Razy (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Melvin Gilman City, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of lungs, Cardiac asthma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular renal disease DUE TO (c) fracture of humerus after fall in house II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jallin house						INTERVAL BETWEEN ONSET AND DEATH 7 days 2 yrs 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9040 21					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?					
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>55</u> , to <u>July 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 27</u> , 19 <u>55</u> , and that death occurred at <u>8:45A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. Bailey D.D. 2				23b. ADDRESS Callatin, Mo			23c. DATE SIGNED 8-5-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-55		24c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery		24d. LOCATION (City, town, or county) (State) Daviess Co., Missouri			
DATE REC'D BY LOCAL REG. 8-6-55		REGISTRAR'S SIGNATURE Niequira M. Engelbert		25. FUNERAL DIRECTOR'S SIGNATURE J. O. Hession		ADDRESS Hope Funeral Home, Callatin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

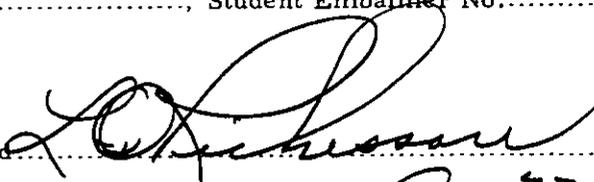
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....


Licensed Embalmer No. 330

P. O. Address.....


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.