

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 10 1955

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>145</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Rolla</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Mem. Hospital</u>				STREET ADDRESS (If rural, give location) <u>200 North Cedar Street</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>MARY</u>		b. (Middle) <u>LOUISE</u>		c. (Last) <u>RAY</u>		Month (Day) (Year) <u>July 30, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 18, 1874</u>		
9. AGE (In years last birthday) <u>81</u>		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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Henry Rakey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>		14. NAME OF HUSBAND OR WIFE <u>John Albert Ray, dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Etta Ray Rolla, Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Bilateral fractures of both tibia & fibula</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</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. <u>Serubility</u> <u>9040</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla</u> <u>081</u> <u>mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-28-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell.</u>				
22. I hereby certify that I attended the deceased from <u>7-28</u> , 19 <u>55</u> , to <u>7-30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>55</u> , and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E.E. Ferid m.d.</u>				(Degree or title) <u>9</u>		23b. ADDRESS <u>Rolla mo.</u>		
23c. DATE SIGNED <u>8-1-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Aug 1, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul E. Null Rolla, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 191

Date Filed Aug 9, 1955

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 Paul E. Nub

Licensed Embalmer No. 446

P. O. Address Dolla

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.