

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27202

BIRTH NO. 51860-55 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 152

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>Crawford</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>hearsburg-</u>		d. STREET ADDRESS (If rural, give location) <u>2-80</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Edward</u> c. (Last) <u>Ray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>Aug 7-1955</u>	9. AGE (In years last birthday) <u>1</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Rolla mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A-</u>	
13a. FATHER'S NAME <u>Kenneth T. Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Alice M Farris</u>		14. NAME OF HUSBAND OR WIFE <u>---</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>Kenneth Ray Hearsburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CAUSE UNKNOWN</u> DUE TO (c) <u>776x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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 <u>8 AUG</u> , 19 <u>55</u> , to <u>8 AUG</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:05A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard Walden, M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sourton Missouri</u>	23c. DATE SIGNED <u>9 AUG 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>AUG 9 55</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Cross Roads</u>	24d. LOCATION (City, town, or county) (State) <u>hearsburg mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 9, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman A. Green Cuba, 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 197

Date Filed Aug 25, 1925

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 _____

Body Cavity Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Norman A. Hoener

Licensed Embalmer No. 4673

P. O. Address Cuba MO.

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.