

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22957**
Registrar's No. **393**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5144**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francis Twp		c. LENGTH OF STAY (in this place) 40 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN Wappapello d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print) a. (First) Eva b. (Middle) Lena c. (Last) Ray			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1956		
5. SEX Female		6. COLOR OR RACE Cauc.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 12, 1893		9. AGE (in years last birthday) 62		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) Storekeeper			10b. KIND OF BUSINESS OR INDUSTRY - -		11. BIRTHPLACE (City and State or Foreign Country) Crossville, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Henry S. Brown		13b. MOTHER'S MAIDEN NAME Mary V. Mays		14. NAME OF HUSBAND OR WIFE William Ray	
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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS route 1 Mrs Hattie Williams Dexter, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		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		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Coroner Poplar Bluff, Mo.		23b. ADDRESS		23c. DATE SIGNED July 19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/1956		24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	
				24d. LOCATION (City, town, or county) (State) Dexter, Missouri	

DATE REC'D BY LOCAL REG. 7/20/56		REGISTRAR'S SIGNATURE Rd. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Watkins & Sons, Dexter, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 24 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

NOV 27 1956

VS FEB 7 1961

circled

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. 296

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.