

FILED JUL 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. 23285

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Dunklin, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Campbell, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell	
c. LENGTH OF STAY (in this place) 16 yrs.		d. STREET ADDRESS (If rural, give location) 511 Franklin Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 Franklin Avenue			

3. NAME OF DECEASED (Type or Print)	a. (First) REBECCA	b. (Middle) ELIZABETH	c. (Last) RAY	4. DATE OF DEATH (Month) (Day) (Year) JULY 10, 1956
-------------------------------------	--------------------	-----------------------	---------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 27, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 13	IF UNDER 6 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	11. BIRTHPLACE (State or foreign country) Stoddard County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME (Unknown) Cook	13b. MOTHER'S MAIDEN NAME Ellen Messer	14. NAME OF HUSBAND OR WIFE Deceased
-----------------------------------	--	--------------------------------------

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 Daphne Trinkler, 404 N. Edward, Malden, Mo.	ADDRESS
---	------------------------------	---	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion - Myocardial Infarction -		INTERVAL BETWEEN ONSET AND DEATH 3 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertensive Cardio-Vascular Disease.		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		? years.

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 7/7, 1956, to 7/9, 1956, that I last saw the deceased alive on 7/9, 1956, and that death occurred at 10:20P m., from the causes and on the date stated above.

23a. SIGNATURE Wallace A. Belsky MD	(Degree or title)	23b. ADDRESS 9 Campbell mo.	23c. DATE SIGNED 7/11/56
-------------------------------------	-------------------	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Campbell, Missouri
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. 7-13-1956	REGISTRAR'S SIGNATURE Mrs. Beulah Campbell	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home	ADDRESS Campbell, Mo.
------------------------------------	--	---	-----------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....7-21-56
COUNTY FILE NUMBER.....756-1

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.