

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40468

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	
c. LENGTH OF STAY (in this place) <u>53 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NICHOLAS</u> b. (Middle) <u>JEROME</u> c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. II 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 28, 1880</u>		9. AGE (In years last birthday) <u>76</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>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Stithton, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Frank Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Corbitt</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Ray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>***** 491-28-1932A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. M. J. Ray Fairfax 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				INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		DUCE TO (b) <u>Coronary Artery Disease</u>				DUCE TO (c) <u>PULMONARY Fibrosis</u>	
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)		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased from _____, 19____, to Dec 11, 1956, that I last saw the deceased alive on Not Seen, 19____, and that death occurred at 5:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James R. Allon, M.D.</u>		23b. ADDRESS <u>Rock Port, Mo.</u>		23c. DATE SIGNED <u>12-13-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-1956</u>		24c. NAME OF CEMETERY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 13, 1956</u>		REGISTRAR'S SIGNATURE <u>Harwin H. Schaefer</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schaefer Funeral Home, Fairfax Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Thermin V. Schoeler

Licensed Embalmer No. *4167*

P. O. Address

Fairfax, Missouri

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.