

Health,
Welfare
Public
Service

300
7-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

11-0

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18668

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5648 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lawrence</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Pierce City - Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 mile N.W. Pierce City</u>			Length of stay in lb <u>5 years</u>		d. STREET ADDRESS <u>7 mile North West</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>ZOLA</u> Middle <u>LORENE</u> Last <u>RALEY</u>				4. DATE OF DEATH Month <u>1</u> Day <u>8</u> Year <u>1957</u>										
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 22, 1912</u>		9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
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		11. BIRTHPLACE (City and state or country) <u>Mt Home Ark.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13. FATHER'S NAME <u>Charley Raymond</u>						14. MOTHER'S MAIDEN NAME <u>Effie Tenley</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 <u>Victor Raley</u>		Address <u>Wentworth Mo.</u>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of heart</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____										INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from <u>6-2-53</u> to <u>1-8-57</u> and last saw her <u>her</u> alive on <u>1-5-57</u> Death occurred at <u>8:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>Victor Raley M.D.</u>						22b. ADDRESS <u>Wentworth Mo.</u>			22c. DATE SIGNED <u>1/11/57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <u>1-10-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>			23d. LOCATION (City, town, or county) <u>Lawrence County Mo.</u>			A (State)			
24. FUNERAL DIRECTOR <u>Wilke Bros Pierce City Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-17-57</u>		25. REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>						

(Licensed Embalmer's Statement on Reverse Side)

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, Edwin Wilks, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 41

P. O. Address Pierce City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.