

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20021**

FILED JUN 25 1957

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. **MO 43** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Bollinger,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE Mo, b. COUNTY Bollinger,	
b. CITY (if outside corporate limits, write RURAL and give OR TOWN Marble Hill, Lorraine) c. LENGTH OF STAY (in this place) 4, Years		c. CITY OR TOWN Marble Hill, d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 mi East of Marble Hill		e. STREET ADDRESS (If rural, give location) Marble Hill, RFD #1	
3. NAME OF DECEASED (Type or Print) a. (First) Paulene b. (Middle) Louise, c. (Last) Ray,		4. DATE OF DEATH (Month) (Day) (Year) June 2 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb, 8th 1913
9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Days 5 MONTHS 21 IF UNDER 12 Hrs. 12.30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	
11. BIRTHPLACE (City and State or Foreign Country) Kennett, Mo,		12. CITIZEN OF WHAT COUNTRY? U S A.	
13a. FATHER'S NAME J B Cheek,		13b. MOTHER'S MAIDEN NAME Foche,	
14. NAME OF HUSBAND OR WIFE Warren Ray,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Warren Ray, ADDRESS Marble Hill Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidural hematoma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Middle meningeal artery hemorrhage DUE TO (c) Head injury II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Closed fracture rt. hip - multiple rib fractures closed - rt. pygma	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, boat, bus) Highway	21c. (CITY, TOWN, OR TOWNSHIP) 1 1/2 mi East of MARBLE Hill (COUNTY) BOLLINGER (STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 2 57 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident	
22. I hereby certify that I attended the deceased from about 12:30 P. 19 57 , to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at 12:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Corpus Glen 9 Weeks		23b. ADDRESS Lutesville	
23c. DATE SIGNED 6-18-57			
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial	24b. DATE June 4th 57	24c. NAME OF CEMETERY OR CREMATORY Memorial Park,	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo,
DATE REC'D BY LOCAL REG. 6/22/57		REGISTRAR'S SIGNATURE Mrs. Buford Crider	
25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home,		ADDRESS Lutesville	

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.....
Signature of Student Embalmer

Signed *J. E. Graham*

Licensed Embalmer No. *4010*
P. O. Address *Tulsa, Okla.*

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.