No. 300
10.48

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24032

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5365 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Daviess Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lincoln Twp
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lincoln Twp
d. STREET ADDRESS (If rural, give location): 03 R 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): M.
c. (Last): Ray

4. DATE OF DEATH (Month) (Day) (Year): 7 12 1957

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 7-24-1867
9. AGE (In years last birthday): 89
If under 1 year: Months: 11 Days: 18
If under 24 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): Freepoyt Ill
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William Sheetz
13b. MOTHER'S MAIDEN NAME: Roxy Snyder
14. NAME OF HUSBAND OR WIFE: James Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Ivan Ray
ADDRESS: James Port Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — unknown
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 ☐ NO ☑

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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* January *19* 56, *to* July, *19* 57, *that I last saw the deceased alive on* July 2, *19* 57, *and that death occurred at* 7:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David M. Witten M.D.
23b. ADDRESS: 1300 main Trenton, Mo.
23c. DATE SIGNED: 7-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-14-1957
24c. NAME OF CEMETERY OR CREMATORY: Pilot Grove No 1
24d. LOCATION (City, town, or county) (State): NEAR Gilman City Mo

DATE REC'D BY LOCAL REG.: 7-19-57
REGISTRAR'S SIGNATURE: Virginia M Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Bethany Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MS DEC 7 1960

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 M B Hass

Licensed Embalmer No. 3899

P. O. Address Bethany Mo

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.