

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28143

STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 137 Primary Registration District No. 5513 Registrar's No. 577

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Leesville Twp.</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY<br>OR<br>TOWN <u>Leesville Twp.</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>AT Home</u>  |                                  | Length of stay in 1b<br><u>4 years</u>  | d. STREET<br>ADDRESS <u>RR #2 Clinton</u>  |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print) <u>John William Ravey</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>30</u> Year <u>1957</u>   |   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>February 28 1895</u>  |   | 9. AGE (In years last birthday) <u>62</u><br>UNDER 1 YEAR IF UNDER 24 HRS.<br>Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer + laborer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Henry Co. Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>  |
| 13. FATHER'S NAME<br><u>John Ravey</u>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Mary DeLozier</u>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>490-059990</u>  | 17. INFORMANT<br>Address<br><u>Mrs Glen Stewart Kansas City, Mo</u>  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Patient expired at home in bed - found dead approx 48 to 72 hours after death.</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Natural death -</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><u>7953</u> |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.)<br><u>NI</u>                                |   |  |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a. m. _____ p. m. _____   |                                  |   |  |   |  |
| 20d. INJURY OCCURRED<br>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>approx Aug 30, 57</u> since <u>intentional</u> and last saw <u>her</u> alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |  |
| 22a. SIGNATURE<br><u>W. T. Bradshaw (Coroner)</u>   |                                  |   | 22b. ADDRESS<br><u>Clinton, Mo.</u>  |   | 22c. DATE SIGNED<br><u>9/3/57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>Sept. 2, 1957</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Englewood</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Clinton, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>F. E. Conacher</u>   |                                  | ADDRESS<br><u>Clinton, Mo</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>9-4-57</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Willard Riggs</u>  |

(Licensed Embalmer's Statement on Reverse Side)

with, officers, public, service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 9 1957  
SEP 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Remains could not be embalmed because of delay in finding the body.  
Eugene R. Conover

Licensed Embalmer No. 46

P. O. Address Clinton

NOT EMBALMED

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.