

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37015

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 125

Health,
& Public
Service

S. 300
r. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond rural</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Camden</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | | Length of stay in lb <u>3 weeks</u> | | d. STREET ADDRESS <u>Street not listed</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First: <u>LULA</u> Middle: <u>R</u> Last: <u>DOUGLAS</u> | | | | 4. DATE OF DEATH Month: <u>November</u> Day: <u>4</u> Year: <u>1957</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</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>February 14, 1895</u> | | 9. AGE (In years last birthday) <u>72</u> | 10. IF UNDER 1 YEAR Months: <u>8</u> Days: <u>21</u> Hours: <u></u> Min.: <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u> | | 11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13. FATHER'S NAME <u>Daniel J. Ray</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Jane Wells</u> | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Edward Douglas</u> | | Address <u>Camden, Missouri</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) <u>Cerebral Vascular Accident</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</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) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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: _____ Month: _____ Day: _____ Year: _____ 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>8-10-57</u> to <u>11-4-57</u> and last saw her alive on <u>11-4-57</u> Death occurred at <u>9:25 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Thomas B. Cook, M.D.</u> | | | | 22b. ADDRESS <u>Richmond Missouri</u> | | | 22c. DATE SIGNED <u>11-6-1957</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>November 6, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>South Point Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u> | | | | |
| 24. FUNERAL DIRECTOR <u>QUEST-LILE FUNERAL HOME</u> <u>RICHMOND, MISSOURI</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Nov 10 - 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

273

Received Nov 10 - 57

NOV 20 1957

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 *[Signature]*
Licensed Embalmer No. 406..

P. O. Address *[Signature]*

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.