

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006417
State File No.

FILED FEB 28 1958

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Bevier Rural</u>)	c. LENGTH OF STAY (in this place) <u>township</u>	c. CITY OR TOWN <u>Bevier Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION --		e. STREET ADDRESS (If rural, give location) <u>06 1/2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>C.</u> c. (Last) <u>Ray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>13</u> <u>58</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>3</u> <u>20</u> <u>88</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 4 HRS. Days <u>13</u>	Hours <u>58</u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and State or foreign Country) <u>Westville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Ray</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Callison</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Ray</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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Ray</u> ADDRESS <u>Bevier, Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	DUE TO (b) <u>Chronic Hypertension</u>	
	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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1958, to 2/13, 1958, that I last saw the deceased alive on 2/13, 1958, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. M... (Signature)</u>	23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>2/19/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-16-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Mem. Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Missouri</u>
DATE REC'D BY LOCAL REG. <u>2/22/58</u>	REGISTRAR'S SIGNATURE <u>W. A. M... (Signature)</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Edwards</u>	ADDRESS <u>Bevier, Mo.</u>

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

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MACON COUNTY HEALTH DEPARTMENT
County File No. 258-19
Date Filed 8. 26. 58

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. S. Edwards*

Licensed Embalmer No.1961..

P. O. Address ..Bevier, Mis

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.