

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-008076

STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 15

300
 1-57

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) Memphis		c. CITY OR TOWN Memphis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 12 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thomas Middle Minor Last Ray			4. DATE OF DEATH Month March Day 2 Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1877	9. AGE (In years on birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done in course of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Scotland Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Orson L. Garman	13b. MOTHER'S MAIDEN NAME Sarah Ann Ray	14. NAME OF HUSBAND OR WIFE Rosa C. Ray
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Buford Tuck	Address Memphis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222		

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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from Death occurred at Dec 15 1958 to March 2 1959 and last saw him alive on March 2 1959 7 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE L. E. Lowe	(Degree or title) Do	22b. ADDRESS Memphis Mo	22c. DATE SIGNED 3/6/59
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23a. BURIAL, CREMATION, REINBURSEMENT (If any) burial	23b. DATE 3-4-1959	23c. NAME OF CEMETERY OR CREMATORY Friend Ship	23d. LOCATION (City, town, or county) (State) Scotland Co. Mo.
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24. FUNERAL DIRECTOR W. E. ...	ADDRESS Memphis, Mo.	25. DATE RECD. BY LOCAL REG. 3-7-59	26. REGISTRAR'S SIGNATURE Vera E. ...
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Neal Payne*

Licensed Embalmer No. *2550*

P. O. Address *Memphis, Tenn.*

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.