

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 15 1959

59-031391

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 127

| | | | | | |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Barry | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett | | Length of stay in 1b 2 Yrs. | c. CITY OR TOWN Monett | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 902 10th St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ROBERT Middle EMMETT Last RAY | | | 4. DATE OF DEATH Month OCT. Day 10, Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/28/01 | 9. AGE (last birthday) 57 | IF UNDER 1 YEAR Month 11 Days 12 |
| IF UNDER 24 HR Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Mt. Vernon, Ark. | 11. BIRTHPLACE (City and state or country) U.S.A. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME John E. Ray | 13b. MOTHER'S MAIDEN NAME LouVenia White | | 14. NAME OF HUSBAND OR WIFE Lida Sims Ray |
| 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. 429-01-1609 | 17. INFORMANT Address Mrs. Robert E. Ray, Monett, Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Far advanced bronchogenic carcinoma DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 min 7 min |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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 5-15-58 to 10-10-59 and last saw her 10-10-59 Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |
| 22. SIGNATURE Robert R. Douley M.D. (Degree or title) | | | 22b. ADDRESS Monett, Missouri | | 22c. DATE SIGNED 10/12/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/14/59 | 23c. NAME OF CEMETERY OR CREMATORY Collegeville Cemetery | 23d. LOCATION (City, town, or county) Little Rock, Ark. | (State) | |
| 24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-12-59 | 26. REGISTRAR'S SIGNATURE Mrs. M. Cook | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1953

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DEC 8 1959

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed J. M. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.