

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009522

FILED VS. FEB. 23 1960

337

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 14

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Shelby		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	c. CITY OR TOWN Leonard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi NE Leonard		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle ROBERT Last RAY, Sr			4. DATE OF DEATH Month Feb Day 9 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 22 Jan 1866	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Louisville, Kentucky USA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Aaron Ray		13b. MOTHER'S MAIDEN NAME Mary Jane Clark		14. NAME OF HUSBAND OR WIFE Fannie Irene Glahn	
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. none		17. INFORMANT James Robert Ray, Jr Leonard, MO Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular-renal disease DUE TO (b) arteriosclerosis DUE TO (c) senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 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 Feb 1 1960 to Feb 9 1960 and last saw him alive on Feb 8 1960 Death occurred at Leonard MO 6 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. D. Holmes D.D. (Degree or title)			22b. ADDRESS Nowelty Mo		22c. DATE SIGNED 2-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12 Feb '60	23c. NAME OF CEMETERY OR CREMATORY Morris Chapel cemetery		23d. LOCATION (City, town, or county) (State) Shelby County, Mo	
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME		ADDRESS Edina, Mo		25. DATE RECD. BY LOCAL REG. Feb 18 - 60	26. REGISTRAR'S SIGNATURE Ada Garrison

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 504

P. O. Address Edina, 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.