

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 17 1960

-60-020483

STATE FILE NUMBER

Registration District No. 390 Primary Registration District No. 4448 Registrar's No. _____

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

3. NAME OF DECEASED (Type or print) First Middle Last Grace Lou Raleigh	4. DATE OF DEATH Month Day Year 5/6/60
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/8/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Higbee, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Dave Truby	13b. MOTHER'S MAIDEN NAME Sarah Jane Stone	14. NAME OF HUSBAND OR WIFE Thomas Raleigh
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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 Mrs. Logan Smith Address Higbee, 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) Myocardial Infarction stroke Cause unknown		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) snaget - Endothelial angietic diffin	1 1/2 years
	DUE TO (c) Rheumatoid Arthritis, severe	12 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial infarction some cause as above		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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Higbee	COUNTY Randolph	STATE Missouri
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21. I attended the deceased from **Sept 22, 1958** to **May 6, 1960** and last saw her ^{him} alive on **April 18, 1960**
 Death occurred at **May 6, 1960 7:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marion E. Million	22b. ADDRESS Moberly, Mo	22c. DATE SIGNED May 7 60
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23a. BURIAL, CREMATION, REQUIEM (Specify) Burial	23b. DATE 5/8/60	23c. NAME OF CEMETERY OR CREMATORY Higbee City Cemetery	23d. LOCATION (City, town, or county) (State) Higbee, Mo.
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24. FUNERAL DIRECTOR Marion E. Million ADDRESS Moberly, Mo	25. DATE RECD. BY LOCAL REG. May 9 - 1960	26. REGISTRAR'S SIGNATURE JOSE W BURTON
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 19 1960

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

Marion E. Miller

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.