

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-02366'6

FILED VS JUL 11 1960 172

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		c. CITY OR TOWN Higginsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 W. 20th St.		d. STREET ADDRESS (If outside, give location) 311 W. 20th St.	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM RAY		4. DATE OF DEATH Month Day Year July 3 1960	
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 9/27/1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY Shoe Manufacturing Lafayette Co. Mo.	9. AGE (last birthday) 61
13a. FATHER'S NAME Robert Henry Ray		14. NAME OF HUSBAND OR WIFE Agnes G. 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. 195-01-1418	
17. INFORMANT Agnes G. Ray		Address Higginsville, 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) Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Diabetes Mellitus & Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH Instant 6-10yrs
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 March 1952 to July 3, 1960 and last saw him alive on July 2, 1960 Death occurred at Approx - 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edwin Wilson D.O.		22b. ADDRESS 1815 Main, Higginsville Mo.	22c. DATE SIGNED 7/5/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6 1960	23c. NAME OF CEMETERY OR CREMATORY Higginsville Cemetery	23d. LOCATION (City, town, or county) (State) Higginsville Missouri
24. FUNERAL DIRECTOR ADDRESS A. H. Hader Funeral Home Higginsville, Mo.		25. DATE RECD. BY LOCAL REG. 7-7-1960	26. REGISTRAR'S SIGNATURE Lucie Gordon Jordan

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. M. Y. Leav

Licensed Embalmer No. 298

P. O. Address Levington,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.