

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031412

STATE FILE NUMBER

FILED IN REG. DIST. NO. **231** AUG 19 1960

Primary Registration District No. **4341** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellflower		Length of stay in 1b 42 Yrs		c. CITY OR TOWN Bellflower		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 Ray Middle Anthony Last See				4. DATE OF DEATH Month August Day 3 Year 1960					
5. SEX Male	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 10-2-1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY General Duties		11. BIRTHPLACE (City and state or country) Montgomery Co Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Geo Washington See			13b. MOTHER'S MAIDEN NAME Sarah Elvirs Davidson			14. NAME OF HUSBAND OR WIFE Tarrie See (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes St World War			16. SOCIAL SECURITY NO. 491-05-6586		17. INFORMANT Beatrice See Bellflower 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) apoplexy, DUE TO (b) mass hemorrhage DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 day		
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 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 a.m. p.m.	Month, Day, Year								
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 Aug 1, 1960 to Aug 2, 1960 and last saw him alive on Aug 2, 1960 Death occurred at home, Aug 2, 1960 1045 PM State stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Degree or title) Willis H. Waller MD				22b. ADDRESS Wallerville				22c. DATE SIGNED 8/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 5 1960	23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) (State) Mexico Missouri				
24. FUNERAL DIRECTOR Oland A. Jones Bellflower Mo				25. DATE RECD. BY LOCAL REG. Aug 4, 1960		26. REGISTRAR'S SIGNATURE Laura S Callaway			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 2 1980

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 _____ me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bland A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower

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.