URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

EILED VS NOV 3 1960

-60-038692

STATE FILE NUMBER

NDED

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL WASHINGTON TWP. Length of stay in 1b 28 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 112th & 71 HWAY. Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN GRANDVIEW Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1808 E. 135th St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LESLIE Middle HARRISON Last RAY
4. DATE OF DEATH Month 10 Day 31 Year 60
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/16/88
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY AUTO
11. BIRTHPLACE (City and state or country) WINGATE IND.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME EMERSON RAY
13b. MOTHER'S MAIDEN NAME LAURA THOMAS
14. NAME OF HUSBAND OR WIFE SUSAN STELLA RAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.
17. INFORMANT SUSAN STELLA RAY Address 1808 E. 135th GRANDVIEW MISSOURI

MEDICAL CERTIFICATION

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct 1958, to time of death and last saw her/him alive on Oct 20, 1960
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Bruce R. Bunil (Degree or title) M.D.
22b. ADDRESS 112th & 71 Hway, Hickman Mills, Mo.
22c. DATE SIGNED 10-31-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-3-60
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) (State) RAYTOWN, MISSOURI
24. FUNERAL DIRECTOR E.K. GEORGE & SONS ADDRESS GRANDVIEW MO.
25. DATE RECD. BY LOCAL REG. 10/31/60
26. REGISTRAR'S SIGNATURE Sterling E. Goddard

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address _____

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