URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 20 1960

-60-047098

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 139

NDED

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Johnson Twp. — Length of stay in 1b: 7 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 mi N.E. Humansville — Inside Limits: Yes ☐ No #

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Polk
c. CITY OR TOWN: Humansville — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): R. 1 — Reside on Farm: Yes # No ☐

3. NAME OF DECEASED (Type or print): First: Brenda — Middle: Denise — Last: Ray
4. DATE OF DEATH: Month: 12 — Day: 7 — Year: 60
5. SEX: Female
6. COLOR OR RACE: W
7. Married ☐ Never Married # Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/16/60
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: 1 — Days: 21
IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): –
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (City and state or country): Humansville, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Phillip Ray
13b. MOTHER'S MAIDEN NAME: Arlena Morford
14. NAME OF HUSBAND OR WIFE: –
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Address: Phillip Ray R 1 Humansville, Mo.

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): Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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 _____, to _____ and last saw her/him alive on _____
Death occurred at Found 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. G. Robinson (Degree or title) M. D.
22b. ADDRESS: Humansville, Mo.
22c. DATE SIGNED: 12/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/9/60
23c. NAME OF CEMETERY OR CREMATORY: Humansville Cemetery
23d. LOCATION (City, town, or county) (State): Humansville, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Beckwith Funeral Home Humansville, Mo.
25. DATE RECD. BY LOCAL REG.: 12-12-1960
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed O. H. Beckwith

Signature of Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Hermanville, M

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