

MISSOURI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001925

FILED VS FEB 2 1961 160

Registration District No. Primary Registration District No. 3029 Registrar's No. 11

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 BAILEY ROAD		d. STREET ADDRESS (If outside, give location) 108 BAILEY ROAD	
3. NAME OF DECEASED (Type or print) First Middle Last NELLIE SUSAN RAY		4. DATE OF DEATH Month Day Year JAN. 20, 1961	
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 3-14-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME H. B. BROCK		13b. MOTHER'S MAIDEN NAME MINNIE L. HAMMONDS	
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 Low Ray Crystal City, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute massive myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 15 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Massive coronary occlusion		30 min.	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive arteriosclerotic heart disease pernicious anemia		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.)	
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 June 20, 1961 to Jan 20, 1961 and last saw her alive on 9-21-60 Death occurred at 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. L. Kozal M.D.		22b. ADDRESS Crystal City, Mo.	
22c. DATE SIGNED 1-23-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-24-61	23c. NAME OF CEMETERY OR CREMATORY ROSELAWN MAUSOLEUM	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 1-24-61	
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1967

AUG 24 1967

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

Student _____
Signature of Student Embalmer

Signed Geoffrey R. Polit

Licensed Embalmer No. 3481

P. O. Address Crystal

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.