

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010565

STATE FILE NUMBER

Registration District No. 122 Primary Registration District No. 200 Registrar's No. 430

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b 4 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hosp. Springfield, Baptist		d. STREET ADDRESS (If outside, give location) 1041 S. Thelma	
3. NAME OF DECEASED (Type or print) First Middle Last M/SGT Daniel Edward Ray		4. DATE OF DEATH Month Day Year Mar. 15, 1962	
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 9/13/1913
10a. USUAL OCCUPATION (Give kind of work done at time of working life, even if retired) M/SGT U.S. Army		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (City and state or country) Le Quire, Okla.
13a. FATHER'S NAME Virgil Ray		13b. MOTHER'S MAIDEN NAME Myrtle Vaughn	14. NAME OF HUSBAND OR WIFE Irene Ray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). If yes, give war or dates of service) Yes M.W.2, Korean		17. INFORMANT Springfield, Missouri. Irene Ray, 1041 E. Thelma,	
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 coronary artery thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 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 15 March 1962 to 15 March 1962 and last saw him 15 March 1962 Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Francis M. Maple MD		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 17 March 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/19/1962	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri.
24. FUNERAL DIRECTOR ADDRESS Ralph Thieme, 1200 Boonville Ave.		25. DATE RECD. BY LOCAL REG. 3-19-62	26. REGISTRAR'S SIGNATURE Officer E. D. Jackson

MAR 26 1962

Permit issued 3-16-62

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 William L. Strasser

Licensed Embalmer No. 5164

P. O. Address Spokane, Mo.

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.