

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042298

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2005 Registrar's No. 166AB

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 1962

VS 300
Rev. 4/59

10397
23438

3
4 1
5 0
6
7 a
8 0
9 1930
10
11
12 4-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

H. J. McALHANY M.D.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in lb <u>8 Days</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2915 Charlotte</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ruby Angeline Ray</u>			4. DATE OF DEATH Month Day Year <u>Nov. 7, 1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2-1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H. D. Lee Mfg. Co.</u>	9. AGE (last birthday) <u>54</u>
11a. FATHER'S NAME <u>Joe T. Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Crosley</u>	11. BIRTHPLACE (City and state or country) <u>Heosho, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral anemia</u> DUE TO (b) <u>Astrovcytoma, grade III. (R) frontal</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>none</u> 17. INFORMANT Address <u>Andrew Ray, Reeds, Mo. # 1</u> INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21. I attended the deceased from <u>10/31/62</u> to <u>11-7-62</u> and last saw her alive on <u>11/7/62</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Springfield, Mo. -</u>	
22a. SIGNATURE <u>H. J. McAlhany, M.D.</u> (Degree or title)		22b. ADDRESS <u>Springfield, Mo.</u>	
22c. DATE SIGNED <u>11/12/62</u>		22d. LOCATION (City, town, or county) (State) _____	
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-9-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>		23d. LOCATION (City, town, or county) <u>Heosho, Mo.</u>	
24. FUNERAL DIRECTOR <u>Ulmer-Moss Funeral Home, Sarcoxie, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-13-62</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>			

NOV 29 1962

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 Melvin Lanett

Licensed Embalmer No. 5121

P. O. Address Carters, 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.

perman
1-8-62