

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043661

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3022 Registrar's No. 410

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

10808
20808

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

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8204.3

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia,</u>		Length of stay in 1b <u>40 years</u>	c. CITY OR TOWN <u>Sedalia</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>Bothwell Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>901 East 11th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>RAY</u> First Middle Last		4. DATE OF DEATH <u>November 13, 1962</u> Month Day Year			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/5/88</u>		
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Sales</u>	11. BIRTHPLACE (City and state or country) <u>East Troy, Wisconsin</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert J. Lacy</u>			
13b. MOTHER'S MAIDEN NAME <u>Matey Elmyra Medberry</u>		14. NAME OF HUSBAND OR WIFE <u>Ludie Rebecca Briggs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>unknown</u>			
17. INFORMANT <u>K.E. Tippie,</u> Address <u>904 South Arlington Sedalia, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Lymphatic Leukemia</u> DUE TO (b) <u>Arteriosclerosis of the heart & brain</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia secondary to #1</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>years</u> <u>years</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"/>	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		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>2/Nov/54</u> to <u>13 Nov 62</u> and last saw him alive on <u>13 Nov 62</u>		Death occurred at <u>9:35 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carl Hiegel M.D.</u>		22b. ADDRESS <u>Felldw ent 18th St. Sedalia Mo</u>			
22c. DATE SIGNED <u>13 Nov 62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>11/15/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 15, 1962</u>			
24. FUNERAL DIRECTOR <u>Wm. Young</u> ADDRESS <u>Sedalia, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Francis Shelby per N. Anderson</u>			

JAN 28 1963
NOV 21 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 E. E. Baker

Licensed Embalmer No. 2419

P. O. Address Bedalia 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.