MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019779

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 847

FILED JUN 5 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 79 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 850 S. Douglas — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 850 S. Douglas — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Missouri Middle: Francis Last: Ray
4. DATE OF DEATH Month: May Day: 30 Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4/1/1864
9. AGE (last birthday): 99 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Tenn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Haskett
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Joe — "Dec."
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harry Ray — Address: 850 S. Douglas Springfield, 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) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — over 10 yrs
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 12/3/1954 to 5/30/63 and last saw her/him alive on 5/29/63
Death occurred at 12:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David H. Hill, MD (Degree or Title)
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 5/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Chapel of the Ozarks Inc. — ADDRESS: Springfield Mo.
25. DATE RECD. BY LOCAL REG.: 6-3-63
26. REGISTRAR'S SIGNATURE: Effie E. Meeson

(Licensed Embalmer's Statement on Reverse Side)

Permit 5-31-63

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_____ Signed Donavon G Lakin
Signature of Student Embalmer

Licensed Embalmer No 5157

P. O. Address Springfield 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.