MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027126 STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 193

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 5 1963

1. PLACE OF DEATH
a. COUNTY: A udrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico — Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Audrain Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. (If institution: Residence before admission)
a. STATE: Missouri COUNTY: Audrain
c. CITY OR TOWN: Mexico — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 115 E. Whitley — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Howard Middle: Ray Last: Torreyson
4. DATE OF DEATH: Month: July Day: 26 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/22/09
9. AGE (last birthday): 54 — 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): Florist
10b. KIND OF BUSINESS OR INDUSTRY: Florist
11. BIRTHPLACE (City and state or country): Laddonia, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel T. Torreyson
13b. MOTHER'S MAIDEN NAME: Bertie Wilkins
14. NAME OF HUSBAND OR WIFE: Elizabeth Torreyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elizabeth Torreyson Address: Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 19 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. ☐ 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 July 25 1963, to July 26 1963 and last saw him alive on July 26 1963
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. L. Garcia M.D.
22b. ADDRESS: Mexico Mo
22c. DATE SIGNED: 7-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/28/63
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
23d. LOCATION (City, town, or county) (State): Mexico, Missouri

24. FUNERAL DIRECTOR ADDRESS: Arnold Funeral Home Mexico, Mo
25. DATE RECD. BY LOCAL REG.: July 27-1963
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0047		
2	0047		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	331X		
10			
11			
12	1-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

C. L. Barker M.D.

AUG 9 1963

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico, 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.