

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-035781
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 296 Primary Registration District No. 6019 Registrar's No. 7

FILED SEP 27 1962

VS 300 Rev. 4/59

10890

20890

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1296-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Orrick</u> <u>Jewshp.</u> Length of stay in lb <u>Lifetime</u>		c. CITY OR TOWN <u>Orrick</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Orrick, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Village of Floyd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>E.</u> Last <u>Ralph</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1962</u>
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>8-3-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	9. AGE (last birthday) <u>70</u>
13a. FATHER'S NAME <u>Henry Ralph</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Gentry Ralph</u>	14. NAME OF HUSBAND OR WIFE <u>Eulalah Farris Ralph</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-24-9273</u>	17. INFORMANT <u>wife</u> Address
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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ to <u>Sept 20-62</u> and last saw him alive on <u>Sept-19-62</u> . Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Giffin F. Simmons I-Do.</u> (Degree or title)		22b. ADDRESS <u>Orrick-Mo</u>	22c. DATE SIGNED <u>Sept-22-62</u>
23a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 22, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>	23d. LOCATION (City, town, or county) (State) <u>Orrick, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Gowing Funeral Home, Orrick, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-25-26</u>	26. REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>

OCT 2 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 Charles J. Tyb

Licensed Embalmer No. 4534

P. O. Address Liberty MD

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.

Permit not obtained - (21.2)