

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7861

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY OR TOWN <u>RURAL-MERAMEC</u>		c. CITY OR TOWN <u>RURAL-MERAMEC</u>	
c. LENGTH OF STAY (in this place) <u>44 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>6 MILES W. OF STEELVILLE, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MILES W. OF STEELVILLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ISABELL</u> c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-24-49</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>9-9-1875</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Days <u>6</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ROLLA, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>ISSAC DANIEL</u>		13b. MOTHER'S MAIDEN NAME <u>MALISSA LEE</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. DAVID RAY</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHAS. RAY, STEELVILLE, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>		
	DUE TO (c) <u>43</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>43</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Meramec township Crawford Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 23, 1949, to March 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 6:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William H. Reber D.D. 2</u>		23b. ADDRESS <u>Steelville Mo</u>		23c. DATE SIGNED <u>3/29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BARNICLE CHAPEL</u>	
		24d. LOCATION (City, town, or county) (State) <u>CRAWFORD Co., Mo.</u>			

DATE REC'D BY LOCAL REG. <u>3-31-49</u>		REGISTRAR'S SIGNATURE <u>Chas. Ray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas H. Hubert - Steelville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 2

District File Number 449240

Date Filed 4-4-49

APR 8 1949

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
Student Embalmer

Signed Thomas S. Hubert

Licensed Embalmer No. 4337

P. O. Address Steeleville, 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 this body is not embalmed, fact should be so stated above.