

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26110**

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1010</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>10 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>621 Mt. Mora Road</u>				d. STREET ADDRESS (If rural, give location) <u>621 Mt. Mora Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>		b. (Middle)		c. (Last) <u>Ray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1950</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>July 12, 1881</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cwn Home</u>		11. BIRTHPLACE (State or foreign country) <u>Rushville, Ill. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Austin D. Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Fanny Shone</u>		14. NAME OF HUSBAND OR WIFE <u>Richard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lester Butler Hot Spring, Ark.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Insufficiency</u></p> <p>ANTECEDENT CAUSES <u>Chronic Myo Carditis</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</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)			
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 examined <u>viewed</u> the deceased <u>from 04 9/5</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:50A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>		23b. ADDRESS <u>St. Joseph Mo.</u>		23c. DATE SIGNED <u>9/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/8/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Sidenfaden</u>		ADDRESS <u>1802 Union St</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Robert H. Yeple

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.