

FILED DEC 6 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 305

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY <b>Boone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>		
b. CITY OR TOWN <b>Columbia</b>		c. LENGTH OF STAY (in this place) <b>28 Days</b>	c. CITY OR TOWN <b>Fayette</b>		0450
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ellis Fischel State Cancer Hosp.</b>			d. STREET ADDRESS (If rural, give location) <b>Route # 5</b>		
3. NAME OF DECEASED a. (First) <b>Margaret</b>			b. (Middle) <b>Ray</b>	c. (Last) <b>Ray</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>11-24-1950</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-10-1891</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b>
IF UNDER 1 YEAR Hours <b></b> Min. <b></b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Willis Robinson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Alfred Ray</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b></b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b> ADDRESS <b></b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Myeloma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>203X</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 attended the deceased from <b>October 27, 1950</b> , to <b>November 24, 1950</b> , that I last saw the deceased alive on <b>November 24, 1950</b> , and that death occurred at <b>11:00</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Dr. C. Finley Jr. M.D.</b>			23b. ADDRESS <b>Ellis Fischel State Cancer Hosp.</b>		23c. DATE SIGNED <b>11-24-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-28-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hilldale</b>	24d. LOCATION (City, town, or county) (State) <b>Howard Co. Mo</b>		
DATE REC'D BY LOCAL REG. <b>Nov. 28 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stuart Parker</b> ADDRESS <b>Columbia, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

12550

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

JAN 17 1951

12550

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Stuart P. Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.