

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1951

26254

State File No. 26254

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>3421</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>0124</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY OR TOWN <u>Paplar Bluff</u>			c. LENGTH OF STAY (in this place) <u>16 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paplar Bluff</u> <u>0124</u>			d. STREET ADDRESS (If rural, give location) <u>1909 So Woodrow</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDITH</u> b. (Middle) <u>Luehla</u> c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-51</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 17 - 1867</u>		9. AGE (In years less birth day) <u>83</u>	if UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	if UNDER 2 HRS. Hours <u></u> Min. <u></u>
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 <u>Housekeeping</u>		11. BIRTH PLACE (State or foreign country) <u>Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Deane</u>		13b. MOTHER'S MAIDEN NAME <u>Deane</u>		14. NAME OF HUSBAND OR WIFE <u>William E. Ray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B. D. Hedges Paplar Bluff Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy - cerebral embolism</u>					<u>3 days</u>
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Myocarditis - Valvular chest disease</u></p> <p>DUE TO (c) <u>Arteriosclerosis</u></p>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholelithiasis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) (Min.)		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 <u>30 June, 1951</u> , to <u>2 July, 1951</u> , that I last saw the deceased alive on <u>2 July, 1951</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Conrad A. Kot MD</u>			23b. ADDRESS <u>Paplar Bluff Mo</u>			23c. DATE SIGNED <u>3 July 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Keoperson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keoperson Ill</u>		
DATE REC'D BY LOCAL REG. <u>Aug 6 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shelby Tenchel Paplar Bluff Mo</u>			

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

RECEIVED

AUG 15 1951

BUTLER CO. HEALTH CENTER

FILE No. 851-369

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 4-3-5

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Luchel

Licensed Embalmer No.

2936

P. O. Address

Doyle Bluff 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.