

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26311**

7101

BIRTH NO. _____		REG. DIST. NO. 49		PRIMARY REG. DIST. NO. 5174		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Camden, Adair Twp				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden			
b. CITY OR TOWN Edwards Route 2		c. LENGTH OF STAY (In this place) 8 years		c. CITY OR TOWN Edwards		d. STREET ADDRESS (If rural, give location) Route 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Everett + Rozetta Ray							
3. NAME OF DECEASED (Type or Print) a. (First) Rozetta		b. (Middle) Ray		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Aug 14 - 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 5 - 1896		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 2 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Cross Timbers, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Galvin Roberts		13b. MOTHER'S MAIDEN NAME Ruth England		14. NAME OF HUSBAND OR WIFE Everett Ray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 20		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everett Ray, Edwards R2, MO			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage ANTECEDENT CAUSES DUE TO (b) Gun Shot Wound DUE TO (c) 3 Gun Shots one piercing II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aorta					INTERVAL BETWEEN ONSET AND DEATH Sudden
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Ext Rays Homicidal		E981X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home on farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Edwards, R2 Camden MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 14 1951 12:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot 3 times with 22 Rifle.			
22. I hereby certify that I attended the deceased from Aug 14 , 19 51 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Jury's Verdict (Degree or title)				23b. ADDRESS Camden, MO		23c. DATE SIGNED Aug 15 - 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 17 - 51		24c. NAME OF CEMETERY OR CREMATORY Bethel		24d. LOCATION (City, town, or county) (State) Camden Co, MO	
DATE REC'D BY LOCAL REG. 8/24/51		REGISTRAR'S SIGNATURE G. D. Myers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Woolery, Camden, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-30-51

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 *Abbie Lenora Woolery*

Licensed Embalmer No. 2488

P. O. Address *Candover, 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.