

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12088

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>427</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>about 60 yrs.</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>2812 Duncan Street</u>				d. STREET ADDRESS (If rural, give location) <u>2812 Duncan Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Albert</u>		b. (Middle) <u>Frank</u>		c. (Last) <u>Ray</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>13,</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 10, 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales promotion</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Gower, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert Ray Mark</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Ann Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Ellen Beaty Ray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-12-1779</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy E. Ray St. Joseph, Missouri.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive arteriosclerotic cardio vascular disease</u> <u>Carcinomatosis - primary in stomach - resected Aug. 1947</u> -DUE TO (c) <u>stomach - resected Aug. 1947</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>25 days</u>	
19a. DATE OF OPERATION <u>Aug 1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach - not able to get all lymph nodes.</u>				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>St. Joseph Buchanan Mo.</u>		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>Mar 20</u> 19 <u>52</u> to <u>Apr 13,</u> 19 <u>52</u> , that I last saw the deceased alive on <u>Apr 13,</u> 19 <u>52</u> , and that death occurred at <u>11:00P</u> M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. J. Grant M.D.</u>				23b. ADDRESS <u>St. Joseph, Missouri</u>		23c. DATE SIGNED <u>4/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>April 23, 1952.</u>		REGISTRAR'S SIGNATURE <u>Carl C. Costel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Meichoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>	

WRITE PLAINLY—USING UNFADING 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

Albert P. Harrington

Signed.....**** *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.