S. No. 300
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FILED MAR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6727

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-65H Registrar's No. 4

0550

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miller Lincoln
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Miller H-W. 39

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldorado 0830
d. STREET ADDRESS (If rural, give location): R.R. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): Ann
c. (Last): Ray

4. DATE OF DEATH (Month) (Day) (Year): 3 - 3 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-4-1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 5, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and State or Foreign Country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William A. Hammon
13b. MOTHER'S MAIDEN NAME: Emma Oxford
14. NAME OF HUSBAND ~~OR WIFE~~: Jess Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Jess Ray — ADDRESS: Eldorado Springs

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): Broken neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fractured skull
DUE TO (c): car wreck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): car wreck
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): H. Way - 39 1/2 mi
21c. (CITY, TOWN, OR TOWNSHIP) 055 (COUNTY) (STATE) Mo: West Miller Mo Lawrence

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 3 - 53 7 1/2 45 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: car run off - curve - plunged into a tree

22. *I hereby certify that I attended the deceased from* 3 - 3, 1953, *to* 3 - 3, 1953, *that I last saw the deceased* death *alive on* before seeing him, 19__, *and that death occurred at* 7 45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. S. Bussey M.D.
23b. ADDRESS: Miller Mo
23c. DATE SIGNED: 3-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-3-1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Eldorado Springs
24d. LOCATION (City, town, or county) (State): Eldorado Mo.

DATE REC'D BY LOCAL REG.: 3-3-53
REGISTRAR'S SIGNATURE: W. S. Bussey 158-0
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Lemon — ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Sent to Eldorado Springs Mo.

Student ..... Student Embalmer

Signed Guinn and Carrothers Funeral

Licensed Embalmer No. .....

P. O. Address .....

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.