

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30845

FILED SEP 1 - 1953

State File No. _____

1080
2

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

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. CITY <u>Jefar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>0-0-5</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>		<u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>—</u> c. (Last) <u>Ralls</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-2-53</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>unknown</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months: <u>—</u> Days: <u>—</u>	IF UNDER 24 HRS. Hours: <u>—</u> Min.: <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unk.</u>			13b. MOTHER'S MAIDEN NAME <u>unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Bella Ralls</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records Nevada Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General + Cerebral Art. Scl.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Printed</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</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>_____</u>			
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? <u>_____</u>			
22. I hereby certify that I attended the deceased from <u>July 29, 1953</u> , to <u>Aug 2, 1953</u> , that I last saw the deceased alive on <u>Aug 2, 1953</u> and that death occurred at <u>1200 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>8-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perks County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] 451 Exchange Bldg. Home, Nevada Mo</u>			

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 *Samuel F. Melster*
Licensed Embalmer No. 4805

P. O. Address *Harrel, 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.