

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17807

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 5003		Registrar's No. 173			
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Morrow Twp.</b>		c. LENGTH OF STAY (in this place) <b>47 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Morrow Twp.</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 2 mi. NE Green Castle</b>				d. STREET ADDRESS (If rural, give location) <b>2 mi NE Green Castle</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>Emma</b> c. (Last) <b>Ray</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1954</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 21, 1881</b>			
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Adam Harmon</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth L. Jones</b>			14. NAME OF HUSBAND OR WIFE <b>William H. Ray</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William H. Ray, Green Castle, Mo.</b>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>							
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)				
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 <b>Mar. 14, 1951, to June 20, 1954</b> , that I last saw the deceased alive on <b>June 19, 1954</b> , and that death occurred at <b>2:30P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>R. O. Smith M.D.</b> (Degree or title)				23b. ADDRESS <b>Green City Mo</b>				23c. DATE SIGNED <b>6/21/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 23, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Castle Cemetery Green Castle, Mo.</b>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <b>6-23-54</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Felt</b> ADDRESS <b>Green City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 30 1955

**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 Earl P. Kent.....

Licensed Embalmer No. 4689.....

P. O. Address Green City, 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.