

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14871

FILED MAY 31 1955

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>230</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>15 DYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY OR TOWN <u>Portageville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>R#1 0720,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>Mae</u> c. (Last) <u>Ray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 24, 1900</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell, Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>George W. Parrent</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie White</u>	
13a. FATHER'S NAME <u>George W. Parrent</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie White</u>		14. NAME OF HUSBAND OR WIFE <u>George Ray</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>George Ray - R#1</u>		ADDRESS <u>Portageville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Diabetes acidosis</u> <u>2. Surgical Shock</u> <u>Pyonephrosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6000</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 d.</u> <u>?</u>	
19a. DATE OF OPERATION <u>5-18-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>1. Pyo-nephrosis</u> <u>2. Pyo-ureteritis</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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 <u>5-16, 1955</u> to <u>5-20, 1955</u> that I last saw the deceased alive on <u>5-20, 1955</u> , and that death occurred at <u>10:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. R. ...</u> (Degree or title) _____				23b. ADDRESS <u>219 N. Pacific Cape Girardeau</u>		23c. DATE SIGNED <u>5-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Campbell Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-25-55</u>		REGISTRAR'S SIGNATURE <u>C. G. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Debiele Funeral Parlor - Portageville, Mo</u>		ADDRESS _____	

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 emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph A. [Signature]*.....

Licensed Embalmer No. *444*.....

P. O. Address *Providence*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.