

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22615

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 316 SO FULTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 FULTON			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) JAMES			JULY 9 1955			
b. (Middle) THOMAS						
c. (Last) RAY						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH MAY 28, 1894	9. AGE (In years last birthday) 61	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and State or Foreign Country) MOUNTAIN GROVE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		<u>2-3 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4500</u>		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>			<u>3-4 mo</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 5-9-1955, to 5-9-1955, that I last saw the deceased alive on 5-9-1955, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Grover S. Patton MD</u>	23b. ADDRESS <u>506 S. Main, Carthage</u>	23c. DATE SIGNED <u>7-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE <u>7/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WEBB CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>
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DATE REC'D BY LOCAL REG. <u>7-12-55</u>	REGISTRAR'S SIGNATURE <u>W. Clutter</u> 139-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 10/20/1955

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

*Richard Gray Law*

Licensed Embalmer No. *4403*

P. O. Address *Wabbe City*

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

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