

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8177  
STATE FILE NUMBER

FILED APR 9 - 1957

Registration District No. 114 Primary Registration District No. 4186 Registrar's Jo

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sullivan</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bourbon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>In Car</b>			Length of stay in lb <b>3</b>		d. STREET ADDRESS <b>R. R. # 1</b>
3. NAME OF DECEASED (Type or print) <b>William</b> <i>First</i> <b>Ray</b> <i>Last</i> <i>Middle</i> <b>*****</b>			4. DATE OF DEATH <b>March 31, 1957</b> <i>Month Day Year</i>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 17, 1899</b>		9. AGE (In years last birthday) <b>57</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Month <b>10</b> Day <b>14</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Plant</b>		11. BIRTHPLACE (City and state or country) <b>Leasburg, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>James Ray</b>		
14. MOTHER'S MAIDEN NAME <b>Lulu</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>486-16-1206</b>		17. INFORMANT <b>Mary G. Ray, Rte 1, Bourbon, Mo.</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Coronary Insufficiency</b> DUE TO (c) <b>Degenerative Heart Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Generalized Arteriosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Few Minutes</b> <b>Five Years</b> <b>Unknown</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1-2-56</b> to <b>3-28-57</b> and last saw her alive on <b>3-28-57</b> Death occurred at <b>1:20 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>C. E. Carnahan MD</b>			22b. ADDRESS <b>Bourbon, Mo.</b>		22c. DATE SIGNED <b>4-2-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/4/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Paul P. Johnston</b>		ADDRESS <b>Cuba, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-9-57</b>	26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

APR 23 1957

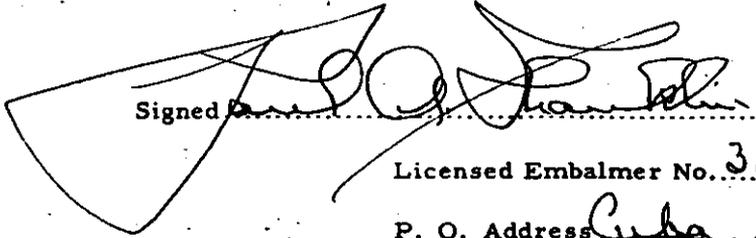
JUN 24 1957

MAY 17 1957

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 .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 34  
P. O. Address Cuba, A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.