

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 17 8 11  
State File No.

FILED MAY 27 1957

BIRTH NO.		REG. DIST. NO. <u>179</u>	PRIMARY REG. DIST. NO. <u>5767</u>	Registrar's No. <u>60</u>
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Bedford Twp</u> )		c. LENGTH OF STAY (In this place) <u>1 wk</u>	c. CITY OR TOWN <u>Troy</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>No Street Address</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Berniece</u>		b. (Middle) <u>None</u>	c. (Last) <u>Ray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1957.</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8, 1908</u>	9. AGE (In years last birthday) <u>48</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>O'Fallon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Pearl Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Obert Ray</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Obert Ray, Troy, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>ACUTE PYELONEPHRITIS</u> DUE TO (c) <u>DIABETES MELLITUS</u>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>8 weeks</u> <u>UNKNOWN</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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)		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>May 14</u> , 19 <u>57</u> , to <u>May 14</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 14</u> , 19 <u>57</u> , and that death occurred at <u>5:50P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Doris P. Heltz</u> M.D.		23b. ADDRESS <u>Troy, Missouri</u>		23c. DATE SIGNED <u>5/17/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/19/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>5-25-57</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper-Marsh Funeral Home Troy, Mo.</u> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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, ~~XXXX~~....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph J. Marsh*.....  
Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.....

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

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