

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006806

STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Elm Tmp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural-Elm Tmp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Livonia, Mo.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Livonia, Mo.</u>		
3. NAME OF DECEASED (Type or print) First <u>Manuel</u> Middle <u></u> Last <u>Ray</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>28</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1876-9-24</u>	9. AGE (In years on birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
13. FATHER'S NAME <u>John Ray</u>			14. MOTHER'S MAIDEN NAME <u>Wantha Ann Gilstrap</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Woyd Ray, Livonia, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis &amp; hypertension</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Degenerative Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>					
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 <u>Jan 13-49</u> to <u>Feb 28-58</u> and last saw <sup>her</sup> him alive on <u>Feb 28-58</u> Death occurred at <u>10:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree of title) <u>Chas. L. Judd D.O.</u>			22b. ADDRESS <u>Unionville Mo.</u>		22c. DATE SIGNED <u>3/1/58</u>
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>B</u>		23b. DATE <u>3-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lone Pine Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>
24. FUNERAL DIRECTOR <u>A. A. Husted</u>		ADDRESS <u>Unionville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-58</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>

(Licensed Embalmer's Statement on Reverse Side)

lish, self, blic vice  
00  
-56  
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  
Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms or signs of disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

---

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.....  
*J. H. Hurst*

Licensed Embalmer No. *29*

P. O. Address *Wassonville*

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.