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V. S. No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013872  
State File No.

FILED MAY 5 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 444

0396  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>INRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WOOD TWP.</b>	
c. LENGTH OF STAY (In this place) (MINUTES)		1143	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA Osteopathic</b>		d. STREET ADDRESS (If rural, give location) <b>9 mi. E. E HARTVILLE, MO.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EUAL</b> b. (Middle) <b>RAY</b> c. (Last) <b>RANEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-25-58</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER</b>	8. DATE OF BIRTH <b>6-11-1914</b>	9. AGE (In years last birthday) <b>13</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>14</b>	IF UNDER 18 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>WRIGHT Co. MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>EZRA RANEY</b>		13b. MOTHER'S MAIDEN NAME <b>DOROTHY USSEY</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EZRA RANEY</b>	ADDRESS <b>HARTVILLE, MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PROBABLE INTERNAL HEAD AND CHEST INJURIES</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>SEE ONE CAR ACCIDENT SEVEN MILES EAST OF HARTVILLE, MO.</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>COUNTY ROAD</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>E. OF HARTVILLE</b> (COUNTY) <b>WRIGHT</b> (STATE) <b>MISSOURI</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>APRIL 25 1958 8:30 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>ONE CAR ACCIDENT</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Ralph H. Plummer, Coronary</b>	23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>1 May 1958</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-30-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE, Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>INRIGHT. Co. MO</b>
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DATE REC'D BY LOCAL REG. <b>5-2-58</b>	REGISTRAR'S SIGNATURE <b>Effie Smeltzer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John D. Simpson</b>	ADDRESS <b>Hartville, Mo</b>
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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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 42588

P. O. Address *[Handwritten Address]*

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