

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017958

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5524 Registrar's No. 42
FILED JUN 10 1958

5. 300
1-57
430
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1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jordan Township</u>		c. CITY OR TOWN <u>Cross Timbers</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS <u>0430</u> (If outside, give location)	
Length of stay in lb years. _____		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK - RAY</u>			4. DATE OF DEATH Month Day Year <u>May 30 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 7, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Month Day Hours Min. <u>9 23</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>	11. BIRTH PLACE (City and state or country) <u>Hickory Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James F. Ray</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Wiseman</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Ray</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Cora Ray, R.F.D. Frith, Mo</u>	Address
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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>Separation of cerebrum and Brain from head complete</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>None</u> <u>None</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>gun shot wound</u>	
	DUE TO (c) <u>self inflicted - suicide</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Muzzle of Shotgun placed in mouth and fired - Extra Heavy load was used</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>W</u> COUNTY STATE

21. I attended the deceased from Death occurred at <u>11:22 AM</u> and last saw him <u>alive on</u> <u>11:22 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Gussally DO</u> (Degree, title)	22b. ADDRESS <u>Warsaw Mo</u>	22c. DATE SIGNED <u>5/31/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 1, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cross Timbers, Hickory Co., Mo</u>
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24. FUNERAL DIRECTOR <u>Reese Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>JUNE 3, 1958</u>	26. REGISTRAR'S SIGNATURE <u>May Johnson</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

640

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 *John J. Reser*

Licensed Embalmer No. *4098*
P. O. Address *Warsaw*

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.