

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026172
State File No.

FILED JUL 28 1958

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KEYTESVILLE</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KEYTESVILLE, MO. 0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>200 - WATER ST.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NELSON</u>	b. (Middle) <u>BURL</u>	c. (Last) <u>RAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 22ND, 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 3RD, 1917</u>	9. AGE (In years last birthday) <u>41</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTOMOBILE MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GARAGE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SHERIDA N IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>NELSON RAY</u>	13b. MOTHER'S MAIDEN NAME <u>ETHEL WHITAKER</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH GROTJAN RAY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and nature of service) <u>YES</u> <u>WORLD WAR # 1</u>	16. SOCIAL SECURITY NO. <u>11 492-14-1015</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EDITH RAY, KEYTESVILLE, MO</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>A.S.A.</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Occlusion</u>			<u>5 days</u>
	DUE TO (c) <u>Arteriosclerotic Coronary Thrombosis</u>			<u>1 yr.</u>
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from 7/14/58, to 7/22, 1958; that I last saw the deceased alive on 7/22/58, 1958, and that death occurred at 3:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Johnson</u>	(Degree or title) <u>Med. D.</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>7/27/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 24, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KEYTESVILLE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-22-58</u>	REGISTRAR'S SIGNATURE <u>Katherine Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Gammitt</u>	ADDRESS <u>KEYTESVILLE, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

167

AUG 4 1958

OCT 4 1958

OCT 4 1958

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 _____

A. D. Grouett

Licensed Embalmer No. 3046

P. O. Address Key West Fla.

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.