

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032085

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No. 73

Primary Registration District No. 3291

Registrar's No. 230

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Liberty</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Kansas City, North</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ODD Fellows Home</i>		Length of stay in lb <i>5 Months</i>	d. STREET ADDRESS (If outside, give location) <i>5606 Antioch</i>
3. NAME OF DECEASED (Type or print) First <i>Lewis</i> Middle <i>Franklin</i> Last <i>RAY</i>			4. DATE OF DEATH Month <i>Sept</i> Day <i>1</i> Year <i>1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 7, 1868</i>
9. AGE (In years last birthday) <i>89</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retire Railroad Worker</i>	11. BIRTHPLACE (City and state or country) <i>Lynn County, Missouri</i>
10a. FATHER'S NAME <i>JACK RAY</i>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE <i>EMMA RAY</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>x x</i>	17. INFORMANT <i>Mrs. D. E. Quilter, 6110 N. Euclid, K.C. 16, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>year or less</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4500</i>
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 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 _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>April 58</i> to <i>Sept 1</i> and last saw her alive on <i>Aug 31</i> Death occurred at <i>Sept 1 - 58 11A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. H. Goodson</i>		22b. ADDRESS <i>Liberty Mo</i>	22c. DATE SIGNED <i>9/1/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept. 4, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Plattsboro, Missouri</i>
24. FUNERAL DIRECTOR <i>Lyon Funeral Home, Inc. Plattsboro Mo. 3</i>		25. DATE RECD. BY LOCAL REG. <i>9-22-58</i>	26. REGISTRAR'S SIGNATURE <i>Mabel Graham</i>

1958 OCT 7

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 *Philip E. Cox*

Licensed Embalmer No. *4993*

P. O. Address *Blacksburg, Va*

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.