

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033775

STATE FILE NUMBER

FILED OCT 8 1958

Registration District No.

278

Primary Registration District No.

3034

Registrar's No.

137

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 <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ELSBERRY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE COUNTY</b>		Length of stay in lb <b>2 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>112 BLACK</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JERRY MIAH RAY</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 25, 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 3, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LOGGING - SAWMILL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OPERATOR - SELF</b>	9. AGE (In years last birthday) <b>67</b>
11a. BIRTHPLACE (City and state or country) <b>LINCOLN COUNTY, Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>ISHMAEL RAY</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET COLBERT</b>	14. NAME OF HUSBAND OR WIFE <b>MARY EDNA COLBERT</b>
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>497-09-7994</b>	17. INFORMANT Address <b>EDNA RAY ELSBERRY, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic carcinoma of lungs with pulmonary hemorrhage</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of kidney from kidney</b> DUE TO (c) <b>180X</b>			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>-----</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-----</b>	
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		COUNTY STATE	
21. I attended the deceased from <u>9/24/58</u> to <u>9/25/58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>9/25/58</u> Death occurred at <u>10:20 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas. H. Luellen</i> (Degree or title) <b>M.D. Louisiana, Missouri</b>		22b. ADDRESS <b>ELSBERRY, Mo</b>	
22c. DATE SIGNED <b>9/28/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>9-28-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>ELSBERRY</b>		23d. LOCATION (City, town, or county) (State) <b>ELSBERRY, Mo</b>	
24. FUNERAL DIRECTOR <b>O. C. Ricks</b>		25. DATE RECD. BY LOCAL REG. <b>9-30-58</b>	
ADDRESS <b>ELSBERRY, Mo</b>		REGISTRAR'S SIGNATURE <i>Bernice Collier</i>	

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 *[Handwritten Signature]* .....

Licensed Embalmer No. 4012  
P. O. Address Edelberry .....

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.