

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035226

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 381 Primary Registration District No. 4513 Registrar's No. 103

300
1-57

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Castle		c. CITY OR TOWN Green Castle	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home in Green Castle 7 yrs.		d. STREET ADDRESS (If outside, give location) No street address	

3. NAME OF DECEASED (Type or print) First Middle Last Oleve Dean Ray			4. DATE OF DEATH Month Day Year Sept. 14, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 11, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Green Castle, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Asa Ray	13b. MOTHER'S MAIDEN NAME Mary Ellen Waymack	14. NAME OF HUSBAND OR WIFE Belle Harmon Ray
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Belle Ray, Green Castle, Mo.
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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) CORONARY Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201
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 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 COUNTY STATE
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21. I attended the deceased from **May 12, 1958** to **Sept 14, 1958** and last saw him alive on **Sept 14, 1958**
Death occurred at **7 11:30 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.D. Smith D.O. (Degree or title)	22b. ADDRESS Green City, Mo	22c. DATE SIGNED Sept 16, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	23d. LOCATION (City, town, or county) (State) Green Castle, Mo.
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24. FUNERAL DIRECTOR Glen E. Kent & Son, Green City, Mo.	25. DATE RECD. BY LOCAL REG. 9-17-58	26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 29 1956

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 *Carl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo*

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.