

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022276

FILED JUL 13 1959

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 66

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEOSHO</u>		c. CITY OR TOWN <u>JANE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SAHEMEM. Hoop.</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>RAY MARRS</u>			4. DATE OF DEATH Month Day Year <u>7-2-1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>8-14-1912</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>10 18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANDT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MOSE</u>		11. BIRTHPLACE (City and state or country) <u>JANE, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S</u>		13. MOTHER'S MAIDEN NAME <u>FERN ARNETT</u>		14. NAME OF HUSBAND OR WIFE <u>MARCELLA MARRS</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-36-3300</u>		17. INFORMANT <u>Mrs MARCELLA MARRS JANE 116</u>	
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>Massive Hemorrhage into</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 24 hours</u>	

DUE TO (b) <u>upper tubular tract</u>		DUE TO (c) <u>unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>while lifting milk cans onto truck.</u>			
20c. TIME OF INJURY Hour <u>10</u> a.m. <u>pm</u> Month, Day, Year <u>7-1-59</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>on milk route</u>		20f. CITY, TOWN, OR LOCATION <u>JANE MO</u>		COUNTY <u>McDonald MO</u>		STATE <u>MO</u>	
21. I attended the deceased from <u>7-2-59</u> to <u>7-2-59</u> and last saw him alive on <u>7-2-59</u>				Death occurred at <u>10 a.m. 7-2-59</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>		22b. ADDRESS <u>Neosho, MO</u>		22c. DATE SIGNED <u>7-9-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-5-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE ROCK CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>JANE MO</u>	

24. FUNERAL DIRECTOR <u>Humphrey &amp; Sons Home</u>		25. DATE RECD. BY LOCAL REG. <u>7-9-59</u>		26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 30 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mayna E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Pineville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.