

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014350

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 5634 Registrar's No. 8

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAY 1 1961

1. PLACE OF DEATH
 a. COUNTY Lawrence
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Greene Length of stay in 1b years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Lawrence
 c. CITY OR TOWN Miller Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R.F.D. # Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Clinton Colton Ray 4-16-1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 5-13-1890 9. AGE (last birthday) 70
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months 11 Days 3 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting 10b. KIND OF BUSINESS OR INDUSTRY Rst. 11. BIRTHPLACE (City and state or country) Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Elsworth W. Ray 13b. MOTHER'S MAIDEN NAME Martha E. Coons 14. NAME OF HUSBAND OR WIFE Muriel Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I 17. INFORMANT Address Mrs. Muriel Ray Miller Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Heart failure
 DUE TO (b) Valvular disease
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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
 p.m.
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 12-1-1960 to April 15-61 and last saw her alive on April 1-61
 Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) W. S. Bruney 22b. ADDRESS Miller, Mo 22c. DATE SIGNED 4-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-19-1961 23c. NAME OF CEMETERY OR CREMATORY Aurora 23d. LOCATION (City, town, or county) (State) Aurora Lawrence Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Norma Seaman Miller Mo. 25. DATE RECD. BY LOCAL REG. 4-16-61 26. REGISTRAR'S SIGNATURE W. S. Bruney

MAY 1 1961

JUL 12 1961

FEB 21 1962

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 E. R. Seimon

Licensed Embalmer No. 3297

P. O. Address Millen 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.