SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1961

-61-017183
STATE FILE NUMBER

AMENDED.

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Bethany — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1/8 mile NE of Bethany — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Helen Middle: Rosalie Last: Rhay
4. DATE OF DEATH Month: May Day: 13 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 20, 1889
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elementary Teacher (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (City and state or country): Bethany, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Daniel Franklin Rhay
13b. MOTHER'S MAIDEN NAME: Ethel Lowe
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Lee Daily Address: New Hampton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease
DUE TO (c)
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 a.m. p.m. Month, Day, Year
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 5/10/61, to 5/13/61 and last saw her alive on 5/13/61
Death occurred at 1:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J B Pittenger (Degree or title) MD.
22b. ADDRESS Bethany Mo.
22c. DATE SIGNED 5/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 16, 1961
23c. NAME OF CEMETERY OR CREMATORY: Miriam Cemetery
23d. LOCATION (City, town, or county) (State): Bethany Missouri

24. FUNERAL DIRECTOR: W. George Noble ADDRESS: Bethany, Mo.
25. DATE REC'D. BY LOCAL REG.: May 16 1961
26. REGISTRAR'S SIGNATURE: Zella Massey

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US MAY 22 1961

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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.