MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039829
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3656 Registrar's No. 251

FILED OCT 18 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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2 0210 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b 3-Weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Woodland Hospital — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo, b. COUNTY Chariton
c. CITY OR TOWN Keytesville — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 300 - N.Water St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First EZEKIEL Middle ----- Last RAY

4. DATE OF DEATH Month Day Year Oct.5th,1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 7-16-1870
9. AGE (last birthday) 92 — 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY General Farming
11. BIRTHPLACE (City and state or country) Isadora, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME W.B.Ray
13b. MOTHER'S MAIDEN NAME Elizabeth Rowen
14. NAME OF HUSBAND OR WIFE Anna Florence Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs.Abner Dotson, Address Moberly, 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) Low intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 16 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cystic mass pelvis, — Unknown
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 X
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 Sept 24, '62, to Oct 5 '62 and last saw her/him alive on Oct 5
Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. L. Gaulter E. Mo
22b. ADDRESS Moberly Mo,
22c. DATE SIGNED 16 Oct 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-7-1962
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Keytesville, Mo.

24. FUNERAL DIRECTOR H.D. Garrett — ADDRESS Keytesville, Mo.
25. DATE RECD. BY LOCAL REG. 10-6-62
26. REGISTRAR'S SIGNATURE Leah W Lowe

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed H. D. Garrett

Signature of Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.