

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048045

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 1

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0910

2 0910

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 10 1963

1. PLACE OF DEATH
a. COUNTY **RIPLEY**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **DONIPHAN** Length of stay in lb _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **RIPLEY CO. MEM. HOSP.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY **RIPLEY**
c. CITY OR TOWN **DONIPHAN** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **208 BROOKS ST.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **IVA DRUSILLA RAY** 4. DATE OF DEATH Month Day Year **DECEMBER 30, 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3/23/1881** 9. AGE (last birthday) **81** 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) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **RANDOLPH CO., ARK.** 11. BIRTHPLACE (City and state or country) **U.S.A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **WILLIAM McCAULEY** 13b. MOTHER'S MAIDEN NAME **FRANCES MOORE** 14. NAME OF HUSBAND OR WIFE **ALF L. RAY**

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 **FRANCIS RAY** Address **DONIPHAN, 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) **Coronary Occlusion**
DUE TO (b) **Arteriosclerotic Heart Dis**
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 a.m. 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 **Feb 62** to **death** and last saw her alive on **12-30-62**
Death occurred at **1-1-A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Gene H. Leroux, M.D.** 22b. ADDRESS **Doniphan, Mo.** 22c. DATE SIGNED **12-31-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **1/1/63** 23c. NAME OF CEMETERY OR CREMATORY **DONIPHAN CEMETERY** 23d. LOCATION (City, town, or county) **DONIPHAN, MO.** (State)

24. FUNERAL DIRECTOR ADDRESS **EDWARDS FUNERAL HOME, DONIPHAN, MO.** 25. DATE RECD. BY LOCAL REG. **1-1-63** 26. REGISTRAR'S SIGNATURE **Flora Berg**

USE BLACK INK OR TYPEWRITER RIBBON

JAN 21 1963

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 Jack L. Cunningham, Student Embalmer No. 676
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Harrent

Licensed Embalmer No. 4809
P. O. Address Naylor, 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.