

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15762

State File No.

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos#1</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>- H -</u> c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> <u>Y</u>	8. DATE OF BIRTH <u>1875</u> <u>77</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Ray</u>	
13b. MOTHER'S MAIDEN NAME <u>Calesse Coker</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Wm H. Ray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>dk</u> <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Records Hulton Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypo pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosis simple fracture R humer</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>fell on ward 5-17-52</u> <u>State Hos Hulton Mo</u>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>137</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-17</u> , 19 <u>52</u> , to <u>5-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>52</u> and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>JC Caldwell MO</u>		23b. ADDRESS <u>State Hos#1 Hulton Mo</u>	
23c. DATE SIGNED <u>5-30-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>June 1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Salem</u>	
24d. LOCATION (City, town, or county) (State) <u>California</u> <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugh E. Williams California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 30-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2007 07 5 09 06

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 _____
Student Embalmer

Signed Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California, M

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 this body is not embalmed, fact should be so stated above.