

204.9

1. PLACE OF DEATH a. COUNTY <b>Howard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Justice Pct 1 Big Spring</b>		c. LENGTH OF STAY in 1 b. <b>5 days</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Kansas City</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Big Spring State Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1400 Lynnwood, Kansas City, Missouri</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) (a) First <b>Ray</b> (b) Middle <b>-</b> (c) Last <b>Bourbon</b>			4. DATE OF DEATH <b>July 20, 1971</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>8-11-1892</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Entertainer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Franz Joseph of the throne of Austria</b>			14. MOTHER'S MAIDEN NAME <b>Louisa Bourbon</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>568-10-4565</b>	17. INFORMANT <b>Big Spring State Hospital Records</b>		
8. CAUSE OF DEATH (Give only one cause, but include for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> DUE TO (b) <b>Rheumatic &amp; Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Lymphatic Leukemia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3-4 weeks</b> <b>Unknown</b> <b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Organic Brain Syndrome with Circulatory Disturbance - Non-psychotic</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I hereby certify that I attended the deceased from <b>July 15</b> , 19 <b>71</b> to <b>July 20</b> , 19 <b>71</b> and last saw the deceased alive on <b>July 20</b> , 19 <b>71</b> . Death occurred at <b>12:05</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James H. Kreininger, M.D.</i> (Degree or title)			22b. ADDRESS <b>Box 231 Big Spring, Texas</b>		22c. DATE SIGNED <b>7/20/71</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>July 29, 1971</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Land Crematory</b>		
23d. LOCATION (City, town, or county) <b>Ft. Worth, Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <i>James C. Picklee</i>		
25a. REGISTRAR'S FILE NO. <b>288</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>July 29, 1971</b>	25c. REGISTRAR'S SIGNATURE <i>Matthew Guis, J.P.</i>		

TEXAS DEPARTMENT OF HEALTH  
REC'D AUG 26 1971  
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH  
REC'D SEP 15 1971  
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH  
REC'D SEP 21 1971  
BUREAU OF VITAL STATISTICS