

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

200

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DEKALB	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAYSVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST ROSP.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) LESLIE c. (Last) BRAY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 9 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 6 1893	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE CO		11. BIRTHPLACE (State or foreign country) DEKALB COUNTY	
13a. FATHER'S NAME CLARENCE BRAY			13b. MOTHER'S MAIDEN NAME ELIZABETH BEATTY		14. NAME OF HUSBAND OR WIFE GLADYS L. BRAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 487-05-0098		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS L. BRAY MAYSVILLE MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Congestive Heart Failure</u>			<u>2 days</u>
		DUE TO (c) <u>Myocardial Insufficiency</u>			<u>? years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral Hemorrhage</u>			<u>3 weeks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
22. I hereby certify that I attended the deceased from <u>Dec 25, 1948</u> , to <u>Jan 9, 1949</u> , that I last saw the deceased alive on <u>Jan 9, 1949</u> , and that death occurred at <u>9:20 p. m.</u> , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <u>Robert H. Conrad MD</u>	23b. ADDRESS <u>St. Joseph Missouri</u>	23c. DATE SIGNED <u>Jan 11, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-9-1949</u>	24c. NAME OF CEMETERY OR CREATOR <u>OAK LAWN</u>
		24d. LOCATION (City, town, or county) (State) <u>MAYSVILLE MO.</u>
DATE REC'D BY LOCAL REG <u>Jan 12, 1949</u>	REGISTRAR'S SIGNATURE <u>E. C. Jenkins 382</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PILCHER FUNERAL HOME) MAYSVILLE MO</u>

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

24-1 9 NOV 1960

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.

Signed _____

C. T. Plicher
C. T. Plicher

Signed _____
Student Embalmer

Licensed Embalmer No. 3960

P. O. Address Meysville 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 this body is not embalmed, fact should be so stated above.