

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34377

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 304a Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Fredericktown</u> c. LENGTH OF STAY (in this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fredericktown</u> <u>62</u> OR TOWN <u>Fredericktown</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Morley St.</u>		d. STREET ADDRESS (If rural, give location) <u>211 Morley</u> <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>—</u> c. (Last) <u>Wray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 23, 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	IF UNDER 10 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>gen. mase.</u>	11. BIRTHPLACE (State or foreign country) <u>Madison Co. Mo.</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>H. J. Wray</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucrity Vinson</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Wray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Wray</u>		ADDRESS <u>Fredericktown, Mo.</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Valvular heart lesions.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>60079rs</u> <u>334X</u> <u>74rs</u>	
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?	
22. I hereby certify that I attended the deceased from <u>10/22</u> , 19 <u>49</u> , to <u>10-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/25</u> , 19 <u>49</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Harry Barron M.D.</u>		23b. ADDRESS <u>Fredericktown Mo</u>	23c. DATE SIGNED <u>10-26-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mtn. View cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Des Arc, Iron Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-27-1949</u>	REGISTRAR'S SIGNATURE <u>Thorne Bickel</u> <u>187</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb-Adams</u> <u>J. Adams</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0961 8 T 932
FEB 18 1950

RECEIVED 11-10-49
Health Officer No. 4
File Number 1149-1483
Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed Raymond Adamson

Licensed Embalmer No. 4351

P. O. Address Frederick town

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.