

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40666

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5348</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Dallas</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grant</u>		a. STATE <u>MO.</u>		b. COUNTY <u>Dallas</u> MO.	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>PLad</u>		d. STREET ADDRESS <u>plad MO.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>PLad</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>plad MO.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Virginia</u>	b. (Middle) <u>A</u>	c. (Last) <u>Wray</u>	Month <u>12</u>	Day <u>24</u>	Year <u>1949</u>	F	W
6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>June 15-1877</u>	9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Wilmington Delaware</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Steven T. Hazard</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Mary Barker</u>		14. NAME OF HUSBAND OR WIFE <u>W^{III} D. Wray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Wray</u> ADDRESS <u>1412 Lawndale K.C. MO.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				<u>Sudden</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				10 years	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Arteriosclerosis, Hypertension</u>					
		DUE TO (c) <u>Age & Renal disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS				11 1/2	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) _____		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>Jan 1</u> , 19 <u>49</u> , to <u>Dec 24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 22</u> , 19 <u>49</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Shummer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Buffalo Mo.</u>		23c. DATE SIGNED <u>12-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) <u>Buffalo, Mo.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>12/31/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Brown</u> <u>80</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Vaughan</u> ADDRESS <u>Buffalo, Mo.</u>			

(Licensed Practitioner's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number.....

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Blyde Montgomery*.....

Licensed Embalmer No. 3592

P. O. Address *BUFFALO, W. V.*

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.