

No. 300
10.48

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27527

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 923

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon 0550</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>514 S. Hickory</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 S. Hickory</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Nathan</u> c. (Last) <u>Bray</u>			4. DATE OF DEATH <u>July 30, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Not known</u>
9. AGE (in years last birthday) <u>about 80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>Kentucky U.S.A.</u>
13a. FATHER'S NAME <u>ANDREW BRAY</u>		13b. MOTHER'S MAIDEN NAME <u>EMILINE CROMER</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Bray</u>		ADDRESS <u>Wheat Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</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) <u>4201</u>	
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>7-16</u> , 19 <u>51</u> , to <u>7-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/30</u> , 19 <u>51</u> , and that death occurred at <u>3:30 p. m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Bessie Glover</u> (Degree or title) _____		23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>8/1/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cash Grove Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug. 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shim Funeral Service</u> ADDRESS <u>Cash Grove Mo.</u>

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 16 1951
Dist. File _____
Date Filed _____

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 16 1951
Dist. File 8-21-13-10
Date Filed 8-17-21

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 Warren D. Prockett

Licensed Embalmer No. 4005

P. O. Address Ash Grove 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.