

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9196**

FILED MAR 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **5810** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montg. R.F.D.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Loutre</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Loutre</b>	
c. LENGTH OF STAY (If this place) <b>all his life</b>		d. STREET ADDRESS (If rural, give location) <b>M<sup>c</sup>Kittick R.F.D.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>M<sup>c</sup>Kittick Mo R.F.D.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>LESTER</b> c. (Last) <b>WRAH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-6-1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>9-4-1874</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>Rhindland Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William J. Wray</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Alice Gregory Ida Wray</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Wray</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Floyd Wray Rhindland Mo</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5-10 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis heart</b> DUE TO (c) <b>Disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **1946**, to **Mar**, 19**52**, that I last saw the deceased alive on **Mar. 1**, 19**52**, and that death occurred at **8:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John R. Ryan M.D.</b>	23b. ADDRESS <b>Wasson Mo.</b>	23c. DATE SIGNED <b>3-7-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marcus cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rhindland Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-9-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. Eunice Bush</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kottmeyer &amp; Co Rhindland Mo</b>
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0700  
MAR 17 1952

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

**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.....

*D B Baker*

Licensed Embalmer No. *337*.....

P. O. Address *America Inc*.....

**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.