

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wray 19143
State File No.

BIRTH NO. _____ **REG. DIST. NO.** 360 **PRIMARY REG. DIST. NO.** 6230 **Registrar's No.** 84

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give town) METZ		c. CITY (If outside corporate limits, write RURAL and give township) METZ 1080	
c. LENGTH OF STAY (In this place) 75 YRS		d. STREET ADDRESS (If rural, give location) At Home (No Street Number)	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			
3. NAME OF DECEASED a. (First) EMILY b. (Middle) ETTA c. (Last) CHARLES.			4. DATE OF DEATH (Month) (Day) (Year) MAY-10-1952.
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL-5-1868
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.	
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME.		11. BIRTHPLACE (State or foreign country) INDIANA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME TIMOTHY WHITE		13b. MOTHER'S MAIDEN NAME LYDIA ELDER	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE.	17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Charles Metz, Mo.
17. ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, left			1 week
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease			4 years
DUE TO (c)			
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 +4-3X	
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) m.	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 Dec. 18, 1948 , to May 7, 1952 , that I last saw the deceased alive on May 7, 1952 , and that death occurred at 3:15 Am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Rolla B. Wray, M.D.		23b. ADDRESS Moore Building Nevada, Mo.	23c. DATE SIGNED 5/13/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY-12-1952	24c. NAME OF CEMETERY OR CREMATORY BALLTOWN, CEMETERY	24d. LOCATION (City, town, or county) (State) VERNON COUNTY, MO.
DATE REC'D BY LOCAL REG. 5-15-1952	REGISTRAR'S SIGNATURE Anna E. Ferry	451	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Burial 2622, Mo.
ADDRESS			

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

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MAY 20 1952

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 No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3585

P. O. Address Butler 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.