

STANDARD CERTIFICATE OF DEATH

38603
State File No. 330

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>50yrs</u>	c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317 Commercial Avenue</u>			e. STREET ADDRESS (If rural, give location) <u>317 Commercial Avenue</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Stray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov- 29 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sept-30-1890</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Upholsterer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Repairs</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Babtown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Henry Stray</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Schutt</u>		14. NAME OF HUSBAND OR WIFE <u>Ressa Stray</u>	
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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>490-09-7788</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mathilda Lammers</u>		ADDRESS <u>Jefferson City, Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction, Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>6 yrs</u> <u>10 yrs</u>	
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19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City, Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
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22. I hereby certify that I attended the deceased from Dec 29, 1948, to Nov 29, 1953, that I last saw the deceased alive on Nov 29, 1953, and that death occurred at 3:20 A. M., from the causes and on the date stated above.

23. SIGNATURE <u>J. Donald Shull, M.D.</u> (Degree or title)		23b. ADDRESS <u>521 E. High St. Jefferson City, Mo.</u>		23c. DATE SIGNED <u>11-30-'53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 30 - 1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Gordon</u>		ADDRESS <u>Jefferson City, Mo</u>	
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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.....
Signature of Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1286*
P. O. Address *Jeff City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.