

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16759

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Maryville</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>221 1/2 East 1st St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>GEORGE</b>	b. (Middle) <b>C.</b>	c. (Last) <b>WRAY</b>	(Month) <b>4</b>	(Day) <b>19</b>	(Year) <b>54</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/1/87</b>	9. AGE (in years, last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Maryville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>George W. Wray</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Marquis Wray</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. George C. Wray, Maryville, Mo.</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/3 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertrophic Liver &amp; Spleen.</b> DUE TO (c) <b>Pericious Anemia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>2 1/3 years</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>2900</b>	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) _____	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 April 13, 1954 to Apr. 19, 1954, that I last saw the deceased alive on 4-19, 1954 and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. F. Johnson</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Maryville, Missouri</b>	23c. DATE SIGNED <b>5-20-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4/21/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Myrtle Tree</b>	24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>

DATE REC'D BY LOCAL REG. <b>5-22-54</b>	REGISTRAR'S SIGNATURE <b>Gless Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home</b>	ADDRESS <b>Maryville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 29 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clem M. Price*

Licensed Embalmer No. *182*

P. O. Address *Mayville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I 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.