

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2159

FILED JAN 16 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	c. LENGTH OF STAY (in this place) 20 hrs.	c. CITY OR TOWN Guilford	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Frances Hospital		e. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JOHN	b. (Middle) CARL	c. (Last) WRAY	(Month) 1	(Day) 10	(Year) 56

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/22/69	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker - retired	10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and State or Foreign Country) Nodaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Henry T. Wray	13b. MOTHER'S MAIDEN NAME Marie Partridge	14. NAME OF HUSBAND OR WIFE Rachel Whiteford Wray
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Wray, Guilford, Missouri	ADDRESS Guilford, Missouri
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 + 2° Burn face, abdomen, hands from thigh		INTERVAL BETWEEN ONSET AND DEATH 1 8 hrs
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral & general arteriosclerosis		10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental burn	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Guilford (COUNTY) Nodaway (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 9 - 1956 A.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burning grass caught clothes on fire
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22. I hereby certify that I attended the deceased from Jan. 9, 1956, to Jan. 10, 1956, that I last saw the deceased alive on 19, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 1/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/12/56	24c. NAME OF CEMETERY OR CREMATORY Graves	24d. LOCATION (City, town, or county) (State) Guilford, Missouri
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DATE REC'D BY LOCAL REG. 1-14-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Price Funeral Home, Maryville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1956

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 *Clara M. Price*.....

Licensed Embalmer No. *182*

P. O. Address *Maryville*

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.