

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41084

State File No.

FILED DEC 27 1956

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Herald Boone</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Herald</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>Missouri 0360</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>			b. (Middle) <u>Rose</u>		c. (Last) <u>Dray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1956</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 29, 1896</u>		9. AGE (In years last birthday) <u>60</u> if UNDER 1 YEAR: Months <u>1</u> Days <u>18</u> if UNDER 2 HRS. Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jersey City, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frederick W. Armstrong</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Belle Spear</u>		14. NAME OF HUSBAND OR WIFE <u>Wm C. Dray</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. <u>J</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm C. Dray, Herald, Mo.</u>			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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>420.1</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity + Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Subs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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"/>
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 <u>Jan, 1954</u> to <u>12-17, 1956</u> , that I last saw the deceased alive on <u>12-14, 1956</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Charles Schmidt M.D.</u>				23b. ADDRESS <u>Herald</u>		23c. DATE SIGNED <u>12-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Herald, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 21-1956</u>		REGISTRAR'S SIGNATURE <u>John Charles Finley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest R. Ottens</u>		ADDRESS <u>Herald, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

15 MAY 8 1958

1958 OCT 7 708'

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... *Ernst L. Oldmann*

Licensed Embalmer No... *4054*

P. O. Address... *Sheld, N.*

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.