

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5666

State File No.

FILED MAR 1 1957

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 4383 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u>		c. LENGTH OF STAY (in this place) <u>60 yrs.</u>	c. CITY OR TOWN <u>Graham</u> 0 340 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>T</u>	c. (Last) <u>Wray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 16 - 1957</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>married</u>	8. DATE OF BIRTH <u>7-18-1876</u>	9. AGE (in years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work and duration of working life, even if retired) <u>piano tuner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>piano tuner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pickering, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Wray</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Partridge</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Parks Wray</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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ray Kiser-Graham</u>	ADDRESS <u>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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>70 yrs.</u>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>332x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/18, 1945, to 7/16, 1957, that I last saw the deceased alive on 7/16, 1957, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.C. Saw</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Marland mo</u>	23c. DATE SIGNED <u>7/19/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/18/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Graham Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-2-57</u>	REGISTRAR'S SIGNATURE <u>Bess Bolt</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2229

APR 3 1951

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 *J. M. Atkinson*

Licensed Embalmer No. *327*

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.