

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021831
STATE FILE NUMBER

FILED JUL 5 1957

Registration District No. 206 Primary Registration District No. 5757 Registor's No. 26

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Fredericktown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Route #2		Length of stay in 1b 5 weeks		d. STREET ADDRESS (If outside, give location) Route #2			
3. NAME OF DECEASED (Type or print) LOUIS SIMPSON WRAY				4. DATE OF DEATH June 14, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 20, 1871	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) Annapolis, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Hicks Wray				14. MOTHER'S MAIDEN NAME Julia Rudicial			
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 Address Harvey Wray Fredericktown, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Pancreas? DUE TO (b) and liver DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH 157X	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 28 to June 14 1957 and last saw him alive on June 14 57 Death occurred at 11 24 2nd June 14 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) McLaughlin M D				22b. ADDRESS FREDERICKTOWN, MO.		22c. DATE SIGNED 6-24-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/16/57		23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah Cemetery		23d. LOCATION (City, town, or county) (State) Madison county, Missouri	
24. FUNERAL DIRECTOR ADDRESS Najim Funeral Home Fredericktown, Mo.				25. DATE RECD. BY LOCAL REG. 6-24-1957		26. REGISTRAR'S SIGNATURE Therence Hicks	

MEDICAL CERTIFICATION

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

WADSWORTH COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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JUL 2 - 1957
RECEIVED

FILE No. 757-38

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, ~~XXXX~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence O. Gelling*.....

Licensed Embalmer No. 4.....

P. O. Address Fredericktown, Mo.

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