

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018570

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 130

300
1-57

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, give TOWNSHIP only) OR TOWN Clearmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 0742		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DORA Middle DELL Last WRAY			4. DATE OF DEATH Month 5 Day 21 Year 59		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/28/74	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Cherokee, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jessee J. Bartee		13b. MOTHER'S MAIDEN NAME Sarah E. Nance		14. NAME OF HUSBAND OR WIFE John Wray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Paul Smith, Maryville, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerosis & penicillitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) & pulmonary fibrosis DUE TO (c) & hypertension					INTERVAL BETWEEN ONSET AND DEATH years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 444X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 12:45 Month, Day, Year 5/21/59 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 Maryville, Missouri		STATE
21. I attended the deceased from 12:45 P. to 5/21/59 and last saw her alive on 4-17-59 Death occurred at 1950 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H.C. Bauman		(Degree or title) M. D.	22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 5/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/25/59	23c. NAME OF CEMETERY OR CREMATORY Myrtle Tree		23d. LOCATION (City, town, or county) Maryville, Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 5-22-59	26. REGISTRAR'S SIGNATURE Bess Hult		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Clum M. Price*

Licensed Embalmer No. *1822*
P. O. Address *Maryville Mo*

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.