

# RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

-60-043167  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 6010 Registrar's No. 271

DED

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sugar Creek</b>		Length of stay in 1b <b>42 Yrs.</b>		c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD 1</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>FORREST</b> Middle <b>LINWOOD</b> Last <b>WRAY</b>				4. DATE OF DEATH Month <b>NOV.</b> Day <b>13</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>June 24, 1907</b>		9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Locomotive Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Thomas Hill, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>William Wray</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Peterson</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Dorothy Wray</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>489-09-4855</b>		17. INFORMANT <b>Mrs. Dorothy Wray</b> Address <b>RFD 1 Moberly</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured ventricular aneurysm</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary infarction</b>							<b>May, 1958</b>		
DUE TO (c) <b>Arteriosclerotic heart disease</b>							<b>Unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>have</b>		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 <del>before</del> <b>xxx</b> during the past two years and last saw <sup>her</sup> him alive on <b>Nov. 11, 1960</b> Death occurred at <b>his home @ 6 o'clock A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>L. K. McMurtry, M.D., Surgeon in Charge</b>				22b. ADDRESS <b>Wabash Employes' Hospital Moberly, Missouri</b>				22c. DATE SIGNED <b>11/14/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 14, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>			23d. LOCATION (City, town, or county) (State) <b>Moberly Missouri</b>			
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b> ADDRESS <b>Moberly</b>			25. DATE RECD. BY LOCAL REG. <b>11-14-60</b>		REGISTRAR'S SIGNATURE <b>Peabody</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 19 1960

JAN 10 1961

NOV 29 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Greer

Licensed Embalmer No. 3815

P. O. Address Mohale, N.C.

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