

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026337

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 100

AMENDED

FILED AUG 2 1961

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond,</u>		Length of stay in-1b- <u>13hrs.</u>	c. CITY OR TOWN <u>Braymer, Mo RFD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) <u>R.R.</u>
Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

3. NAME OF DECEASED (Type or print) First OLA Middle Last MCCRAY 4. DATE OF DEATH Month July Day 21, Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Mar. 25, 1880 9. AGE (last birthday) 81yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY General Farming 11. BIRTHPLACE (City and state or country) Braymer, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Friedh McCray 13b. MOTHER'S MAIDEN NAME Mary Virginia Swindler 14. NAME OF HUSBAND OR WIFE Pearl McCray

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. unknown 17. INFORMANT Address Pearl Gregg, Braymer, 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) Massive C.V.A. INTERVAL BETWEEN ONSET AND DEATH hrs -

DUE TO (b) arteriosclerosis

DUE TO (c)

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw <sup>him</sup> her alive on 7-20-61  
Death occurred at 1:00p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) MD 22b. ADDRESS Hamilton, Mo 22c. DATE SIGNED 7-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-23-61 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cem. 23d. LOCATION (City, town, or county) (State) Braymer, Mo

24. FUNERAL DIRECTOR Mead - Pitts ADDRESS Braymer, Mo 25. DATE RECD. BY LOCAL REG. 7-24-1961 26. REGISTRAR'S SIGNATURE Malcol Jackson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. De Vault.

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**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

*Bernard J. Neal*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.