

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9760

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 27

07320

1. PLACE OF DEATH
a. COUNTY NEWTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY NEWTON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO 07320

d. FULL NAME OF HOSPITAL OR INSTITUTION SALEM MEMORIAL HOSPITAL d. STREET ADDRESS (If rural, give location) 615 W. McCORD ST.

3. NAME OF DECEASED
a. (First) MARY b. (Middle) T. c. (Last) WRAY

4. DATE OF DEATH (Month) (Day) (Year) MAR. 17. 1950

5. SEX FEM. 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH APRIL 28, 1890 9. AGE (In years last birthday) 79 10. 10 11. 19

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 (State or foreign country) LINCOLN Co. TENN. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM KEITH 13b. MOTHER'S MAIDEN NAME ELVINA UNKNOWN 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME WRAY BEDWELL ADDRESS NEOSHO MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of upper lobe of right lung
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No 3X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-23 1950 to 3-17 1950 that I last saw the deceased alive on 3-17, 1950 and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul C Davis M.D. 23b. ADDRESS Neosho Mo 23c. DATE SIGNED 3/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 3-20-50 24c. NAME OF CEMETERY OR CREMATORY ANDERSON 24d. LOCATION (City, town, or county) (State) ANDERSON McDONALD MO.

DATE REC'D BY LOCAL REG. March 18, 1950 REGISTRAR'S SIGNATURE Melvin C. Boneman 223 25. FUNERAL DIRECTOR'S SIGNATURE Corley Thompson ADDRESS neosho mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number MAR 29 1950
Date Filed 350-77

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
Student Embalmer

Signed Follie Kessel

Licensed Embalmer No. 4690

P. O. Address Newton, 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 this body is not embalmed, fact should be so stated above.