No. 300
10.48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29540

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1111

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Joe Washington Twnp
c. LENGTH OF STAY (in this place): (0)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hy-Way 59 East of K.R.E.S.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 1117
d. STREET ADDRESS (If rural, give location): 218 S. 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Richard
c. (Last): Bray

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 23, 1873
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Gentry, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lizzie Bray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-07-4591
17. INFORMANT'S SIGNATURE OR NAME: Marvin C. Bray
ADDRESS: St. Joseph, Missouri.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Comminuted fracture of
DUE TO (c) Occipital and left Parietal bones

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of four ribs left side and two ribs right side. Fracture left ulna. and inferior maxillary

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Highway 59
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 25-1950 8:00 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck by a truck while walking on highway

22. *I hereby certify that I ~~attended~~ saw the deceased from* On 9/25, 1950, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H F Mundy MD (Coroner)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 9/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 27, 1950
24c. NAME OF CEMETERY OR CREMATORY: Green Ridge Cem.
24d. LOCATION (City, town, or county) (State): Gentry, Missouri.

DATE REC'D BY LOCAL REG.: Oct. 3, 1950
REGISTRAR'S SIGNATURE: E. L. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1950

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 ****** ***** working under my personal supervision.

Student Embalmer No. ** ***

Signed ****** **
Student Embalmer

Signed Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.