

FILED MAR 13 1951

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5510

60

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		0742			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>203 West Cooper</u>					
3. NAME OF DECEASED (Type or Print) <u>EDMUND HOWARD WRAY</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>2 28 51</u>		(Month)		(Day)		(Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/12/76</u>		9. AGE (In years last birthday) <u>74</u> if UNDER 1 YEAR Months Days if UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>			11. BIRTHPLACE (State or foreign country) <u>10 Maryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Stephen K. Wray</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Carmaen</u>			14. NAME OF HUSBAND OR WIFE <u>Kate Beckwith Wray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Howard Wray, Maryville, Mo.</u>				
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTEGRITY BETWEEN ONSET AND DEATH <u>5 days</u>  <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb 20</u> , 19 <u>51</u> , to <u>Feb. 28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>51</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W.R. Jackson</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>3/2/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/3/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-3-51</u>		REGISTRAR'S SIGNATURE <u>Bess Hilt</u> <u>229</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>					

H.S. (Licensed Embalmer's Statement on Reverse Side)

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



JUN 30 1953

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 Robert L. Souter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4782

P. O. Address Marionville, 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.