

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17262

State File No.

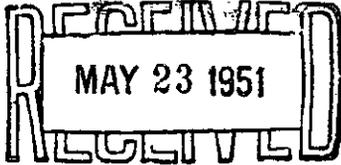
BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5752</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SACO</u>		c. LENGTH OF STAY (in this place) <u>83 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SACO</u> <u>0620</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SACO, MO</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>WILKENS</u> c. (Last) <u>WRAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11, 1951</u>				
5. SEX <u>0</u> <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE 0</u>		8. DATE OF BIRTH <u>APRIL 24, 1868</u>	
9. AGE (in years last birthday) <u>83</u>		10. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WILLIAM WRAY</u>			13b. MOTHER'S MAIDEN NAME <u>FANNIE WATTS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JIM C CLAYTON, SACO, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u>				<u>2 wks.</u>	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>Apr 27, 1951</u> , to <u>MAY 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>MAY 11</u> , 19 <u>51</u> , and that death occurred at <u>9:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. W. Deleyene P.O.</u>				23b. ADDRESS <u>Fredericktown Mo.</u>		23c. DATE SIGNED <u>5-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-13-51</u>		24c. NAME OF CEMETERY <u>MARCUS MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-15-1951</u>		REGISTRAR'S SIGNATURE <u>Flarence Hicks</u> 19 <u>51</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Sajin, Jr. Fredericktown, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

620

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 557-32

5-23-51

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 William B. O'Connor

Signed _____
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown M

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.