

FILED JUN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17265

17265

Registrar's No. 24

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5756		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <b>MARIES</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>M. ISSOURI</b> b. COUNTY <b>MARIES</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL (JEFFERSON TOWN)</b>		c. LENGTH OF STAY (In this place) <b>29 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON TNSHIP</b>		0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>family home</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) <b>ALBERT</b>		a. (First)		b. (Middle) <b>BRAY</b>		c. (Last)	
4. DATE OF DEATH <b>MAY 17-1951</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCT. 20-1901</b>		9. AGE (In years last birthday) <b>49</b>		10. IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>		11. IF UNDER 24 HRS. Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>THOMAS BRAY</b>		13b. MOTHER'S MAIDEN NAME <b>MAHALA BRANSON</b>		14. NAME OF HUSBAND OR WIFE <b>GRACE (Love) BRAY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Grace Bray</b> ADDRESS <b>Belle, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Angina Pectoris</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 MIN.</b> <b>2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4202</b>				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) (Min.)		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 <b>5/17, 1951</b> , to <b>5/17, 1951</b> , that I last saw the deceased alive on <b>5/16, 1951</b> , and that death occurred at <b>1:00a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R. N. Schoenhals, D.O.</b> (Degree or title)				23b. ADDRESS <b>Belle, Mo.</b>		23c. DATE SIGNED <b>5/18/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5/19/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LIBERTY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>BELLE, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>5-19-51</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Sassmann's Funeral Service-Belle</b> ADDRESS <b>Belle, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 1

RECEIVED  
MAY 28 1951

2.12

### 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 Christy Sarnstrom

Licensed Embalmer No. 4128

P. O. Address Bland - 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.