

FILED AUG 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25478

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6062 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY St. Clair <i>0930</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) STATE Missouri COUNTY St. Clair <i>0930</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City (Rural) <i>Life</i>		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Township		e. STREET ADDRESS (If rural, give location) Jackson Township	

3. NAME OF DECEASED (Type or Print)	a. (First) Addie	b. (Middle) May	c. (Last) Bray	4. DATE OF DEATH (Month) (Day) (Year) July 16 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Clair County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Scott	13b. MOTHER'S MAIDEN NAME Clarinda Rippetoe	14. NAME OF HUSBAND OR WIFE Calvin Bray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy Bray, Lowry, City Missouri	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days 5 days before
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Myocardial Infarction		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July**, 19**49**, to **July 16**, 19**52**, that I last saw the deceased alive on **July 15**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O.	23b. ADDRESS Lowry City, Mo	23c. DATE SIGNED 7-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 18, 1952	24c. NAME OF CEMETERY OR CREMATORY Iconium	24d. LOCATION (City, town, or county) (State) Iconium Missouri
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DATE REC'D BY LOCAL REG. 7-18-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Osceola Mo
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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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Greenville, 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.