S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4848

State File No.

FILED FEB 16 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St Joseph
c. LENGTH OF STAY (in this place) 14-6 m-15
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital no 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lexington 0542 1
d. STREET ADDRESS (If rural, give location) not given

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

4. DATE OF DEATH (Month) Feb (Day) 4 (Year) 1953

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH June 4. 1872
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 6 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) not given 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME not given
13b. MOTHER'S MAIDEN NAME not given
14. NAME OF HUSBAND OR WIFE not given

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME County Court Lexington ADDRESS Mo

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) 422 K

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Feb 4, 1953, *that I last saw the deceased alive on* Feb 3, 1953, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Forrest Thomas (Degree or title) M.D.
23b. ADDRESS St Joseph's Mo c/o State Hosp no 2
23c. DATE SIGNED 2/4-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 2/5/1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Lexington (State) Missouri

DATE REC'D BY LOCAL REG. Feb 12, 1953
REGISTRAR'S SIGNATURE Carl C. Casing
25. FUNERAL DIRECTOR'S SIGNATURE Weston-Bowman Funeral Home ADDRESS St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, 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.