

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45023

State File No.

FILED FEB 1 1954

BIRTH NO. REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5414 Registrar's No. 71

1340

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

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural, Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Frankie Frankie Belle Bray	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12-30-53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-25-89	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months Days	# UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) 9	12. CITIZEN OF WHAT COUNTRY? usa
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13a. FATHER'S NAME Jacob Lewis	13b. MOTHER'S MAIDEN NAME Catherine Parrish	14. NAME OF HUSBAND OR WIFE Clarence Bray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Bray, Ava, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ?	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Embolism	DUE TO (b) Acute Right Side Heart Failure		200
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic Hypertension			?
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	20. AUTOPSY? YES <input checked="" 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) f201
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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
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22. I hereby certify that I attended the deceased from 12-30-1953, to 12-30-1953, that I last saw the deceased alive on 12-30-1953 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE M.C. Gentry (Degree or title) M.D.	23b. ADDRESS Ava, Mo.	23c. DATE SIGNED 1-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-3-54	24c. NAME OF CEMETERY OR CREMATORY Goodhope	24d. LOCATION (City, town, or county) (State) Goodhope, Missouri
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DATE REC'D BY LOCAL REG. 1-15-54	REGISTRAR'S SIGNATURE Uestal Bushman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, 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 Chuter A Roof

Licensed Embalmer No. 3044

P. O. Address Arva md

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.