

No. 300
10. 48

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39900

State File No.

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>TMo</u>		b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Licking</u>		c. LENGTH OF STAY (in this place) <u>1 Mo</u>		c. CITY OR TOWN <u>Success</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		• STREET ADDRESS (If rural, give location) <u>1070</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	<u>Nov 23, 1954</u>		
<u>Lawesay Elizabeth</u>		<u>Bray</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>April 14, 1871</u>		9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. (Even if retired)) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Plato Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jackson Bolding</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. Bray (deceased)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (See No. or unknown) (If yes, give war or dates of service) <u>W</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lorene Creason Success Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>Cardiovascular renal disease</u>				<u>1 year</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertrophic arthritis</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442 X</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)		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 June 1954, to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 11:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B.G. Myers, D.O.</u>		23b. ADDRESS <u>Licking, Mo</u>		23c. DATE SIGNED <u>11-24-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. Progar</u>	
				24d. LOCATION (City, town, or county) (State) <u>Texas, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Dec 1, 1954</u>		REGISTRAR'S SIGNATURE <u>Elvora Heise</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith & Ferguson Licking, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1070

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.....
Signature of Student Embalmer

Signed *Robert E. Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Leekington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.