

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7200

State File No.

FILED APR 12 1955

BIRTH NO. _____ REG. DIST. NO. 40 PRIMARY REG. DIST. NO. 4028 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Barton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> <u>0060</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY OR TOWN <u>Liberal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			f. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>BRAY, SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 17 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>5</u> IF UNDER 2 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ash Grove, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Henry Bray</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Tina Mackney Bray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Tina Bray, Liberal, Mo.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>20. min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Stenosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0 0 0</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>0</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>

22. I hereby certify that I attended the deceased from 4/3, 1955, to 4/3, 1955, that I last saw the deceased alive on 4/3, 1955, and that death occurred at 10:00a m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. G. Eddleman M.D.</u>	(Degree or title)	23b. ADDRESS <u>Liberal Mo.</u>	23c. DATE SIGNED <u>4/5/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jewell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon County, Missouri</u>

DATE REC'D BY LOCAL REG. <u>April 5 1955</u>	REGISTRAR'S SIGNATURE <u>Charlotta McDowell</u>	420-125 FUNDRAISER'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>	ADDRESS <u>Lamar, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

60

MAY 18 1955

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 *Carl F. Konantz*.....

Licensed Embalmer No. 224.....

P. O. Address *Lamar, T*.....

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.