

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22722

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 8035 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>4 wks.</u>		c. CITY OR TOWN <u>Lexington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>		No. STREET ADDRESS (If rural, give location) <u>R.F.D. Route # 1</u>			

3. NAME OF DECEASED a. (First) <u>Harris</u>			b. (Middle) <u>Leslie</u>			c. (Last) <u>Bray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 27, 1879</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Missouri.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>F.H. Bray</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Love</u>			14. NAME OF HUSBAND OR WIFE <u>Adylda Longest</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>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.J. Pollard, Lexington Mo.</u>			ADDRESS		

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.		I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Congestive Heart failure</u>						<u>2 months</u>	
		DUE TO (c) <u>Epilepsy</u>						<u>40 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 October, 1953 to July 14, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 3:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wilbur E. Fickler, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Beggsinsville Mo.</u>		23c. DATE SIGNED <u>8-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>8-8-55</u>		REGISTRAR'S SIGNATURE <u>Wilbur E. Fickler, M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Wm. T. Tempel, Lexington, Missouri</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

to. 300
0. 48

542

0

0540

Free

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.....
Geo. M. Lane

Licensed Embalmer No. 798

P. O. Address *Leungton*

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.