

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36375**
Registrar's No. **55-94**

FILED DEC 6 1955

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4153		Registrar's No. 55-94	
1. PLACE OF DEATH a. COUNTY DADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DADE			
b. CITY (If outside corporate limits, write RURAL and give township) LOCKWOOD		c. LENGTH OF STAY (in this place) 19 DAYS		c. CITY OR TOWN Everton		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 LOCKWOOD MEMORIAL HOSP				f. STREET ADDRESS (If rural, give location) 0270			
3. NAME OF DECEASED (Type or Print) a. (First) EVERTON		b. (Middle) DEAN		c. (Last) BRAY		4. DATE OF DEATH (Month) (Day) (Year) NOV-21-55	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 28-1875	
9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months Days		10. UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Smith County Indiana	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME William Bray		13b. MOTHER'S MAIDEN NAME Ellen Beach		14. NAME OF HUSBAND OR WIFE Effie Bray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Effie Bray - Everton - 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinomatosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. cancer of the Prostate DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X			
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) m.		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 May , 19 51 , to Nov 21st , 19 55 , that I last saw the deceased alive on Nov 20th , 19 55 , and that death occurred at 2:30a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Max Heilbrunn M.D.				23b. ADDRESS Lockwood, Mo		23c. DATE SIGNED 11-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-55		24c. NAME OF CEMETERY OR CREMATORY Dunking Creek Cemetery		24d. LOCATION (City, town, or county) (State) Everton - Mo.	
DATE REC'D BY LOCAL REG. 11-28-55		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brim - Daniel - 3003 - Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

EC 13 1855

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.....

Licensed Embalmer No.....

P. O. Address.....

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.