

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2243

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) 73 yrs.	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION 617 North New York		STREET ADDRESS (If rural, give location) 617 North New York 280 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) LOTTIE		b. (Middle)		c. (Last) BRAY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> Single WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Specify)		8. DATE OF BIRTH June 17, 1858		9. AGE (In years last birthday) 97	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker		10b. KIND OF BUSINESS OR INDUSTRY Garment Mfg.		11. BIRTHPLACE (City and State or Foreign Country) California, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Bray		13b. MOTHER'S MAIDEN NAME Elizabeth Robertson		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No *****		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Addie Thrasher, 617 N. New York Sedalia, Mo.	

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) Cerebral Hemorrhage				5 days	
ANTECEDENT CAUSES		DUE TO (b) Hypertension		unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Atherosclerosis		unknown	
II. OTHER SIGNIFICANT CONDITIONS		Hypostatic pneumonia		one day	
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 **Dec 14, 1955**, to **Jan 12, 1956**, that I last saw the deceased alive on **Jan 12, 1956**, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. G. Willbur (Degree or title)		23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 1-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/14/56		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	

DATE REC'D BY LOCAL REG. 1-14-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Sedalia, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wilbur

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..... *P. E. Baker*

Licensed Embalmer No. *2417*

P. O. Address *Sedalia*

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.