

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36820**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RDIAL and give township) OR TOWN Warrenton		c. CITY OR TOWN Gerald	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION KATY JANE		e. STREET ADDRESS (If rural, give location) R R 11 Mo. 0367	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Katherine c. (Last) Bray			4. DATE OF DEATH (Month) (Day) (Year) 10 6-1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-28-1886	9. AGE (In years last birthday) 70	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 10 HRS. Hours	13. IF UNDER 100 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Gerald MO. AR.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Eilet Marisse	13b. MOTHER'S MAIDEN NAME Louis Balthazer	14. NAME OF HUSBAND OR WIFE Henry Bray
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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 Martha Berthel Gerald Mo
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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) Cerebral Vascular Accident		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 dy
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension cordis longi		
	DUE TO (c) Stroke		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia Hypostatic			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 443X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 22 1956** to **Oct 6 1956**, that I last saw the deceased alive on **Oct 5 1956**, and that death occurred at **9:21 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Donald H. Huchel M.D.	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED 10-15-56
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24a. BURIAL, CREMATION, OR DISPOSITION (Specify)	24b. DATE 10-9-1956	24c. NAME OF GEMETERY OR CREMATORY St Paul	24d. LOCATION (City, town, or county) (State) Gerald Franklin Mo
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DATE REC'D BY LOCAL REG. 10-15-56	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Meyer Gerald Mo
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(If signed Embalmers Statement on Reverse Side)

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

4210

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 *Stanley E. Meyer*

Licensed Embalmer No. *463*

P. O. Address *Chicago*

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.