

BIRTH NO. 89859-56 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY OR TOWN Sweet Springs	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 BOTHWELL HOSPITAL		e. STREET ADDRESS (If rural, give location) 103 EAST MARSHALL	

3. NAME OF DECEASED (Type or Print) a. (First) GAYLE b. (Middle) ANN c. (Last) BRAY			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 28, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH DECEMBER 25, 1956	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days 3 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) SEDALIA, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME CORDER L. BRAY	13b. MOTHER'S MAIDEN NAME GENEVIEVE L. BRAY	14. NAME OF HUSBAND OR WIFE NONE
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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 CORDER L. BRAY ADDRESS Sweet Springs, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 17 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity		56 hrs
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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) 7635
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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?
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22. I hereby certify that I attended the deceased from **25 Dec, 1956**, to **28 Dec, 1956**, that I last saw the deceased alive on **27 Dec, 1956**, and that death occurred at **6:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Sweet Springs, Mo	23c. DATE SIGNED 12-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 28, 1956	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.	24d. LOCATION (City, town, or county) (State) Sweet Springs, MO
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DATE REC'D BY LOCAL REG. 12-28-56	REGISTRAR'S SIGNATURE [Signature]	25. FEDERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sweet Springs, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 L. F. Parker

Licensed Embalmer No. 384

P. O. Address Sweet Springs

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.