

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42750**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11521**

1957 JAN 15 1957

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11521	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		c. LENGTH OF STAY (In this place) 4p-4m-24h		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3008 /	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Masonic Home of Missouri				d. STREET ADDRESS (If rural, give location) 3527 Michigan			
3. NAME OF DECEASED (Type or Print) a. (First) Violetta b. (Middle) A. c. (Last) BRAY			4. DATE OF DEATH (Month) (Day) (Year) 12-13-1956				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12-25-1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 11 Days 19	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) Practical Nurse			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Quincy Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Robert Finch			13b. MOTHER'S MAIDEN NAME Addie Dick's		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 492-18-4756		17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri			ADDRESS Levin Robertson Supt.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE WITH LEFT HEMIPLEGIA DUE TO (b) HYPERTENSION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE WITH AURICULAR FIBRILLATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 1 1/2 YRS 1 1/2 YRS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 420.0				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 7-20 , 19 55 , to 12-13 , 19 56 , that I last saw the deceased alive on 12-12 , 19 56 , and that death occurred at 2 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert A. Hall M.D.				23b. ADDRESS 5381 DELMAR St. Louis, Mo.		23c. DATE SIGNED Dec. 13, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-13-56	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. DEC 17 1956		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.			

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

Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.