

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9719**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6012** Registrar's No. **247**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural- Chariton Township</b>		c. LENGTH OF STAY (in this place) <b>37 yrs.</b>	c. CITY OR TOWN <b>Rural- Township</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>near Darksville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>L.</b> c. (Last) <b>Fray</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 7 1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>January 16, 1896</b>
9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Randolph County, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	12. CITIZEN OF WHAT COUNTRY? <b>United States</b>
13a. FATHER'S NAME <b>H.B. Fray</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie M. Terry</b>	14. NAME OF HUSBAND OR WIFE <b>Ethlyn Fray</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C.L. Fray: College Mound, Missouri</b>	
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) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary thrombosis</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>  <b>unknown</b>  <b>4 yrs.</b>  <b>5 yrs ago</b>
20. AUTOPSY <input checked="" type="checkbox"/>	260X		
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 <b>June</b> , 1952, to <b>Mar. 7</b> , 1957, that I last saw the deceased alive on <b>March 5</b> , 1957, and that death occurred at <b>3:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Morris C. Copley, D.O.</b>		23b. ADDRESS <b>Huntville</b>	23c. DATE SIGNED <b>Mar. 8, 1957</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>March 9, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>near Darksville, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-11-1957</b>	REGISTRAR'S SIGNATURE <b>Margaret Bentley</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tom B. Patton Huntville</b>	

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

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**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 *Tom B Patton*

Licensed Embalmer No. *3914*

P. O. Address *Huntsville*

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.