

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022806

STATE FILE NUMBER

FILED JUL 7 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

284

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, give TOWNSHIP only) OR TOWN Sedalia				c. CITY, TOWN OR TOWN Sedalia			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Harvey St.				Length of stay in 1b 2 yrs.			
3. NAME OF DECEASED (Type or print) First Joseph Middle Wilkins Last Wray				4. DATE OF DEATH Month June Day 30 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 4, 1869	
9. AGE (In years last birthday) 89		10. UNDER 1 YEAR Months 4 Days 26		11. BIRTHPLACE (City and state or country) West Virginia U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wray				13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Theresa Wray				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. none				17. INFORMANT Address Opal Johnson Sedalia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION HYPERTENSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) ARTERIOSCLEROSIS 4201 DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)			
20c. TIME OF INJURY Hour 5:30 Month, Day, Year July 2, 1958				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pleasant Union Cemetery				20f. CITY, TOWN, OR LOCATION Morgan County Missouri			
21. I attended the deceased from 5:30 A.M. to 5:30 A.M. and last saw her alive on July 1, 1958				22a. SIGNATURE (Degree or title) J. W. Johnson			
22b. ADDRESS 112 1/2 W. 4th St. Sedalia, Mo.				22c. DATE SIGNED July 1, 1958			
23a. BURIAL, CREATION, REMOVAL (Specify) Burial				23b. DATE July 2, 1958			
23c. NAME OF CEMETERY OR CREMATORY Pleasant Union Cemetery				23d. LOCATION (City, town, or county) (State) Morgan County Missouri			
24. FUNERAL DIRECTOR ADDRESS J. H. Stevenson Stover, Mo.				25. DATE RECD. BY LOCAL REG. July 1-1958			
26. REGISTRAR'S SIGNATURE Frances Shelby							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. 4073

P. O. Address Stover, 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.

Stover, Mo.