

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006965

FILED VS FEB 23 1960

Registration District No. 163 Primary Registration District No. 8893 Registrar's No. 17

STATE FILE NUMBER

| | | | | | | | | | |
|---|--|---|--|--|--|--|---|---------|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattin Twp. | | Length of stay in 1b - - - | | c. CITY OR TOWN Festus | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buck Creek Road | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Rte. # 1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Calvin Middle Hix Last Wray | | | | 4. DATE OF DEATH Month Feb. Day 12 Year 1960 | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Dec. 2, 1876 | 9. AGE (last birthday) 83 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY General Farming | | 11. BIRTHPLACE (City and state or country) Stoddard County, Mo | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME John Wesley Wray | | | 13b. MOTHER'S MAIDEN NAME Isabelle Golden | | | 14. NAME OF HUSBAND OR WIFE Mary Alice LaRose | | | |
| 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 Mrs. Mary A. Wray, Rte. # 1, Festus, Mo. | | | | Address | |
| 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 THROMBOSIS | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1.5 HOURS | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 a.m. p.m. Month, Day, Year | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from COOPER'S VIEW , to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Jama C. Cooper M.D. | | | | 22b. ADDRESS Festus, Mo. | | | 22c. DATE SIGNED 2-12-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Feb. 15, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery | | 23d. LOCATION (City, town, or county) Madison County, Missouri | | (State) | | | |
| 24. FUNERAL DIRECTOR Najim Funeral Home, Fredricktown, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Feb. 15-1960 | | 26. REGISTRAR'S SIGNATURE Marie Harris | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. B. Vinograd

Licensed Embalmer No. 4976

P. O. Address _____

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.