

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018103

FILED VS MAY 1 1960

360

6225

Registrar's No. 95

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Merada	Length of stay in 1b 35y 2.5mo 9da	c. CITY OR TOWN Spark	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3		d. STREET ADDRESS (If outside, give location) Cuckeween	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mark Middle _____ Last Bray			4. DATE OF DEATH Month April Day 23 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 May 10, 1891	9. AGE (last birthday) 68y 2a	IF UNDER 1 YEAR Months 11 Days 12	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Stock Raiser)		10b. KIND OF BUSINESS OR INDUSTRY Farmer (Stock Raiser)	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Frank Bray	13b. MOTHER'S MAIDEN NAME Wilbren Russell	14. NAME OF HUSBAND OR WIFE Glessie Lee Bray
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Hospital Merada

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemorrhage Cerebral		
DUE TO (b) Gen - Cerebro Sclerosis -		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diphtheria		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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		
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 **March 1, 1956** to **April 23, 1960** and last saw her/him alive on **April 23, 1960**
Death occurred at **7:05** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. C. Bradley MD	22b. ADDRESS State Hospital #3, Merada Mo.	22c. DATE SIGNED 4-23-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr 26-1960	23c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery
23d. LOCATION (City, town, or county) Sparta, Mo.		(State) _____

24. FUNERAL DIRECTOR ADDRESS Harris Funeral Home, Clever, Mo.	25. DATE RECD. BY LOCAL REG. 4-29-1960	26. REGISTRAR'S SIGNATURE Anna E. Jerry
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 4 1960

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

Sercy F. Webster

Licensed Embalmer No.

4805

P. O. Address

Nevada, N

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.