

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-027529

FILED VS AUG 3 1960

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 97

ENDED

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|---|----------------------------------|---|---|--|--|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Lincoln | | b. CITY (If outside corporate limits, give TOWNSHIP only) Monroe (Township) | | a. STATE Missouri | | b. COUNTY Lincoln | |
| OR TOWN | | Length of stay in 1b 33 yr. | | c. CITY OR TOWN | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi. S.E. of Moscow Mills MO. | | | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First HANAN | | Middle | | Last BRAY | | Month Day Year July 25 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 June 13, 1880 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months 1 Days 12 Hours Min. | 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 Farming | | 11. BIRTHPLACE (City and state or country) Troy MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME James Bray | | | 13b. MOTHER'S MAIDEN NAME Martha Wilson | | | 14. NAME OF HUSBAND OR WIFE Louise Bray | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Louise Bray Moscow Mills MO. | | |
| 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) Myocardial failure | | | | | | 3 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease | | | | | | 9 yrs. | |
| 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 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 Apr. 3, 1951 to July 25, 1960 and last saw him alive on July 24, 1960 Death occurred at 1.15 A. m on the date stated above, and to the best of my knowledge from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) H. F. Kelley D.O. | | | | 22b. ADDRESS Troy Mo | | 22c. DATE SIGNED July 26 60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7-27-1960 | | 23c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery | | 23d. LOCATION (City, town, or county) (State) Lincoln County MO. | |
| 24. FUNERAL DIRECTOR ADDRESS D.W. McCoy Troy Mo | | | 25. DATE RECD. BY LOCAL REG. 7-26-1960 | | 26. REGISTRAR'S SIGNATURE Charlotte Leek | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ES DEC 20 1975

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 D. W. Mc Coy
Licensed Embalmer No. 3586

P. O. Address Tracy 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.