

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 75

STATE FILE NUMBER

FILED MAY 1 1961

| | | | | | |
|---|--|---|---|--|--|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| a. COUNTY <u>Nodaway</u> | | | a. STATE <u>Nebr.</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u> | | Length of stay in 1b <u>19 days</u> | c. CITY OR TOWN <u>Lincoln</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First Middle Last <u>Wright ----- Wray</u> | | | Month Day Year <u>April 11, 1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>4-1-1904</u> | 9. AGE (last birthday) <u>57</u> | 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) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Nodaway County, Mo. U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Wray</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dille Albright</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 17. INFORMANT Address <u>Henry Wray, Pickering, Mo.</u> | | |
| 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) <u>Carcinosis of Liver (Alcoholic)</u> | | | | | <u>Unknown</u> |
| 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) <u>Chronic bronchitis & emphysema & pulmonary arteriosclerosis + Chronic myocarditis</u> | | | | | 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 <u>March 24, 1961</u> to <u>April 11, 1961</u> and last saw him alive on <u>April 11, 1961</u> Death occurred at <u>1 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>W.R. Jackson M.D.</u> | | | 22b. ADDRESS <u>Marysville, Missouri</u> | | 22c. DATE SIGNED <u>4-18-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>4-13-61</u> | 23d. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u> | | 23e. LOCATION (City, town, or county) (State) <u>Hopkins, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Stanley Swanson Hopkins, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>4-26-1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. J.E. Tulloch, Dep.</u> |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Henry Swanson*

Licensed Embalmer No. 3963

P. O. Address Hopkins, Md

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.