

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000939

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 99

Primary Registration District No.

Registrar's No. 9

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

DeKalb

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN WeatherbyLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Family HomeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY DeKalb

c. CITY
OR
TOWN WeatherbyInside Limits
Yes ☐ No ☒d. STREET
ADDRESS 4 Mi. S.W. (If outside, give location)Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

John

Middle

Lewis

Last

Bray

4. DATE
OF
DEATH

Month

1-

Day

28

Year

63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-8-1920

9. AGE (last birthday)

42

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

Farm

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sam Bray

13b. MOTHER'S MAIDEN NAME

Lillie Dice

14. NAME OF HUSBAND OR WIFE

Twyla Bray

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes World War II

16. SOCIAL SECURITY NO.

498-40-5935

17. INFORMANT

Twyla Bray

Address

Weatherby 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)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 May 1957 to 1-28-63 and last saw him alive on 1/28/63
Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-31-63

23c. NAME OF CEMETERY OR CREMATORY

Cope-Shambaugh

23d. LOCATION (City, town, or county)

Weatherby Mo

24. FUNERAL DIRECTOR

ADDRESS

Maysville Mo

25. DATE RECD. BY LOCAL REG.

2-8-63

26. REGISTRAR'S SIGNATURE

Berlie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0320

2 0320

3

4 0

5 1

6

7 0

8 6

9 4344

10

11

12 90-0

13 1-0

JUN 14 1963
FEB 21 1963
FEB 14 1963

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

John Brown

Licensed Embalmer No.

3933

P. O. Address

Maysville 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.