

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013807

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 123 Primary Registration District No. 2000 Registrar's No. 446

1. PLACE OF DEATH a. COUNTY <u>Bremer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bremer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Ash Grove</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Hendley Hospital, Funderlin</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u></u> Last <u>BRAY</u>		4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-20-1880</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired quarry employee</u>		9b. KIND OF BUSINESS OR INDUSTRY <u></u>	
10a. FATHER'S NAME <u>Frank Mitchell Bray</u>		10b. MOTHER'S MAIDEN NAME <u>unknown</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12. SOCIAL SECURITY NO. <u>no</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio - Renal Disease</u>		14. INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u></u> DUE TO (c) <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>	
21. I attended the deceased from <u>3/10/58</u> to <u>4/25/58</u> and last saw her alive on <u>4/24/58</u> Death occurred at <u>9:04 a.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Dee or title) <u>Lyman R. Brown M.D.</u>	
22b. ADDRESS <u>311 1/2 College</u>		22c. DATE SIGNED <u>4/25/58</u>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>	23b. DATE <u>4-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Berry Cemetery</u>	23d. LOCATION (City, town, or county) <u>Ash Grove - Mo</u>
24. FUNERAL DIRECTOR <u>Bruce - Daniel - Ash Grove Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-30-58</u>	
26. REGISTRAR'S SIGNATURE <u>Effie R. Mullen</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 ..... *Doyle L. Sauer*

Licensed Embalmer No. .... *1702*

P. O. Address ..... *Ark. Exes*

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.