

CERTIFICATE OF DEATH

Registration District No. **385** Primary Registration District No. **3088**

Registrar's No. **68 0045730**

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <b>GAIL D. CORDRAY</b>		2. <b>Male</b>	3. <b>Nov. 14, 1968</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <b>White</b>	5a. <b>76</b>	5b. <b>56</b>	6. <b>Nov. 13, 1892</b>
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
7a. <b>Brookfield</b>		7b. <b>Linn</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <b>Missouri</b>		9. <b>USA</b>	10. <b>Osa Clarkson Cordray</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
11. <b>Laborer</b>		12. <b>Railroad and farm</b>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
13a. <b>Missouri</b>	13b. <b>Linn</b>	13c. <b>Brookfield</b>	13d. <b>Yes</b>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
14. <b>Josiah Cordray</b>		15. <b>Catherine Stufflebean</b>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
16. <b>Mrs. Osa Cordray</b>		17. <b>McLarney Manor Brookfield, Mo. 64628</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. (a) <b>Myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF:			<b>2 weeks</b>
(b) <b>Coronary atherosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF:			<b>3 years</b>
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (Q)			AUTOPSY (YES OR NO)
19. <b>None</b>			20. <b>Yes</b>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
21a. <b>None</b>	21b. <b>None</b>	21c. <b>None</b>	21d. <b>None</b>
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
22a. <b>None</b>	22b. <b>None</b>	22c. <b>None</b>	22d. <b>None</b>
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
23a. <b>1762</b>	23b. <b>1968</b>	23c. <b>Oct 1968</b>	23d. <b>Not</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
24. <b>2:15 A</b>			24. <b>2:15 A</b>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
25. <b>1504 Hou-11</b>		25. <b>1504 Hou-11</b>	25. <b>11-14-68</b>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN STATE
26. <b>Brookfield</b>		26. <b>Mo. 64628</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
27a. <b>Burial</b>	27b. <b>Rose Hill Cemetery</b>	27c. <b>Brookfield, Mo.</b>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	DATE RECEIVED BY LOCAL REGISTRAR	
28. <b>Nov. 16, 1968</b>	28. <b>Wright Funeral Home, 221 E. Park St., Brookfield, Mo. 64628</b>	29. <b>11-16-68</b>	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		
30. <b>W. Wright</b>	30. <b>W. Wright</b>		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DO NOT WRITE ON THIS STUB

9. **0**  
10a. **76**  
10b. **0585**  
11. **0**  
12. **1**  
13. **4119**  
14. **9**  
15. **0585**  
16. **0**  
17. **0**  
18. **0**  
19. CREDITS  
20. **2-0**

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 \_\_\_\_\_

*Harold B. Wright*

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.