

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 26 1949

No. 300
10748

BIRTH NO.		REG. DIST. NO. <u>183</u>		PRIMARY REG. DIST. NO. <u>4296</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning Mo.</u>			c. LENGTH OF <u>56</u> years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emett</u>			b. (Middle) <u>Emery</u>		c. (Last) <u>Gray</u>		4. DATE OF DEATH <u>21</u> (Month) - <u>4</u> (Day) - <u>1949</u> (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-5-1896</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Robert E. Gray</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca E. Jessee</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtie Mable Gray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>1</u>			16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtie Mable Gray Browning</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u> ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Browning Linn Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 9 49 9³⁰ m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>22 caliber rifle.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J.R. Melcher M.D.</u>			23b. ADDRESS <u>Browning Mo.</u>			23c. DATE SIGNED <u>Feb 11 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knifong</u>		24d. LOCATION (City, town, or county) (State) <u>Browning</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 16 1949</u>		REGISTRAR'S SIGNATURE <u>Elva Crookshank</u> 166		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wade Funeral Home Browning</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

FEB 28 1943

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
Student Embalmer

Signed Guad I. Wade

Licensed Embalmer No. 4172

P. O. Address Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.