No. 300
10.48

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19838

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett Mo
c. LENGTH OF STAY (in this place) 19 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 105 Clipper Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett 0352
d. STREET ADDRESS (If rural, give location) 105 Clipper St

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) GYLE c. (Last) RAY

4. DATE OF DEATH (Month) (Day) (Year) 7-4-1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-28-1877
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 0 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Dunklin Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bill Ray
13b. MOTHER'S MAIDEN NAME Mrs Ladin
14. NAME OF HUSBAND OR WIFE Mary Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-09-8178
17. INFORMANT'S SIGNATURE OR NAME Buel Roy ADDRESS 105 Clipper St

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) Cardio Vascular Failure

ANTECEDENT CAUSES
Morbid 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

4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 11 p m., from the causes and on the date stated above.*

23a. SIGNATURE Walter A. Hawkins (Degree or title) Coroner
23b. ADDRESS Kennett, Mo
23c. DATE SIGNED 7-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-7-50
24c. NAME OF CEMETERY OR CREMATORY Senath Cemetery
24d. LOCATION (City, town, or county) Senath (State) Mo

DATE REC'D BY LOCAL REG. July 6-50
REGISTRAR'S SIGNATURE Carl Husbeam Jr
25. FUNERAL DIRECTOR'S SIGNATURE W. F. Emerson ADDRESS Jonesboro Ark

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-7-50
COUNTY FILE NUMBER 750-196

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 Tom T. Emerson

Licensed Embalmer No. 895

P. O. Address Jonesboro, Ark.

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