No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1951

State File No. 9040

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 841 E. CHESTNUT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
d. STREET ADDRESS (If rural, also location): 841 E. CHESTNUT

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3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): (SHORTY)
c. (Last): BRAY

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1, 1904
9. AGE (In years last birthday): 46 — If under 1 year: Months 11, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Finish Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Nevada, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ben Bray
13b. MOTHER'S MAIDEN NAME: Mary C. Simpson
14. NAME OF HUSBAND OR WIFE: Anna Wright Bray

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.: 482-03-4289
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Anna Bray — ADDRESS: Carthage

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Primary Biliary Cirrhosis — 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 10-27, 1946, to 3-9, 1951, that I last saw the deceased alive on 3-8, 1951, and that death occurred at 12:40 P m., from the causes and on the date stated above.

23a. SIGNATURE: M. Foster Whitten, M.D. (Degree or title)
23b. ADDRESS: Carthage, Missouri
23c. DATE SIGNED: 3-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-13-51
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Missouri

DATE REC'D BY LOCAL REG.: 3-12-51
REGISTRAR'S SIGNATURE: L B Clinton, MD
25. FUNERAL DIRECTOR'S SIGNATURE: Ulmer Funeral Home — ADDRESS: Carthage

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.