S. No. 300
EV. 10.48

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FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9500

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Caruthersville~~ Rural
c. LENGTH OF STAY (In this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Braggadocio
d. STREET ADDRESS (If rural, give location): 3 mi S East Braggadocio Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): JIMMIE
b. (Middle):
c. (Last): GRAY

4. DATE OF DEATH (Month) (Day) (Year): Mar - 3 - 1951

5. SEX: M
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April - 9 - 1905
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 10, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerville Tenn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Jimmie Gray
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Priscilla Gray
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.: 412-05-1143
17. INFORMANT'S SIGNATURE OR NAME: Priscilla Gray
ADDRESS: Braggadocio Mo.

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) Gunshot Wound in Chest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

E981X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Braggadocio, Pemiscot, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 3, 1951 11:15
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fight

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* 11:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James A. Osburn (Degree or title): Coroner
23b. ADDRESS: Wardell Mo.
23c. DATE SIGNED: 3-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/6/51
24c. NAME OF CEMETERY OR CREMATORY: Somerville Tenn
24d. LOCATION (City, town, or county) (State): Somerville Tenn

DATE REC'D BY LOCAL REG.: 3-12-51
REGISTRAR'S SIGNATURE: John W. Lemons 406
25. FUNERAL DIRECTOR'S SIGNATURE: La Forge Und. Co.
ADDRESS: Caruthersville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

3-51-81

MAR 14 1951

[illegible], M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

MAR 16 1951

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville 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 this body is not embalmed, fact should be so stated above.