

FILED JUL 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20826

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

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID.</u>			
b. CITY OR TOWN <u>NEW MADRID.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>RURAL - 4 MILES NORTH OF</u>		d. STREET ADDRESS (If rural, give location) <u>NEW MADRID. 0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>NO.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>ANN</u> c. (Last) <u>GRAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27 - 1951</u>				
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLED</u>	8. DATE OF BIRTH <u>JUNE 20 - 1951</u>		9. AGE (In years last birthday) <u>7</u>	If under 1 year: Months _____ Days _____	If under 1 min. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NO ONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BUSTER GRAY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DENTON</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT DENTON, NEW MADRID.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart defect</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> 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. <u>1543</u>						
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid New Madrid Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>26 June, 1951</u> , to <u>26 June, 1951</u> , that I last saw the deceased alive on <u>26 June, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles C. Reber M.D.</u>				23b. ADDRESS <u>N. N. Mo.</u>		23c. DATE SIGNED <u>28 June 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 27 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COMMUNITY</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID. MO.</u>		
DATE REC'D BY LOCAL REG. <u>7-1-51</u>		REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u> 216		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Undert. New Madrid MO.</u>			

RECEIVED

JUL 11 1951

DISTRICT HEALTH OFFICE No. 6

Title No.....

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

~~Not Embalmed~~ Student Embalmer No.....
Signed..... *Leo Hulguth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid 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.