S. No. 300
v. 10.48

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

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36847

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 22

1350

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Senath
c. LENGTH OF STAY (in this place):
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: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Senath 1350
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Overby
c. (Last): Bray

4. DATE OF DEATH (Month): Oct (Day): 18 (Year): 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22, 1886
9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dixon, Ky
12. CITIZEN OF WHAT COUNTRY?: /

13a. FATHER'S NAME: William R. Bray
13b. MOTHER'S MAIDEN NAME: Macey Hollman
14. NAME OF HUSBAND OR WIFE: Mona Bray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 487-18-8005
17. INFORMANT'S SIGNATURE OR NAME: Mona Bray
ADDRESS:

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) Pulmonary Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 months known

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 163 X
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* 8-26-, 1951, *to* 10-18-, 1951, *that I last saw the deceased alive on* 10-18-, 1951, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Masters M.D. (Degree or Title)
23b. ADDRESS: Senath, Mo.
23c. DATE SIGNED: 10-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 21/51
24c. NAME OF CEMETERY OR CREMATORY: Senath, Mo.
24d. LOCATION (City, town, or county) (State): Senath, Mo

DATE REC'D BY LOCAL REG.: 11-15-51
REGISTRAR'S SIGNATURE: Iva J. H. Lanier
25. FUNERAL DIRECTOR'S SIGNATURE: Howard Funeral Home
ADDRESS: Senath, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-19-51
COUNTY FILE NUMBER 1151-318

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 Edwin L. Cowan

Licensed Embalmer No. 4840

P. O. Address Senath, 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.