

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42039

State File No. 205

Registrar's No. 205

FILED DEC 20 1951

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580

| | | | |
|-------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Twin Groves Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Twin Groves Twp. | |
| c. LENGTH OF STAY (In this place) 9 Yrs. | | d. STREET ADDRESS (If rural, give location) 2 Miles W. of Carl Junction, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles W. of Carl Junction, Mo. | | e. STREET ADDRESS (If rural, give location) 2 Miles W. of Carl Junction, Mo. | |

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|------------------------------------------------------|------------|-------------|-----------|----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) Robert E Bray | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1951 |
|------------------------------------------------------|------------|-------------|-----------|----------------------------------------------------------|

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|-------------|------------------------|----------------------------------------------------------------|----------------------------------|------------------------------------|--------------|-------------|-------------|------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH August 15, 1873 | 9. AGE (In years last birthday) 78 | 10. MONTHS 3 | 11. DAYS 22 | 12. HOURS 0 | 13. MIN. 0 |
|-------------|------------------------|----------------------------------------------------------------|----------------------------------|------------------------------------|--------------|-------------|-------------|------------|

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

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|----------------------------|-----------------------------------|----------------------------------------------|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mrs. Aletha Bray |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Aletha Bray, Rt. # 1, Carl Junction, Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease | | 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) _____ | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy + urinary retention | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) |
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| | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 7-8, 1951, to 12-4, 1951, that I last saw the deceased alive on 12-4, 1951, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

| | | | |
|---------------------------------|------------------------|---------------------------------------|---------------------------|
| 23a. SIGNATURE E. L. Hume, M.D. | (Degree or title) M.D. | 23b. ADDRESS Trisco Bldg. Joplin, Mo. | 23c. DATE SIGNED 12-10-51 |
|---------------------------------|------------------------|---------------------------------------|---------------------------|

| | | | |
|--------------------------------------------------|-------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 10, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery | 24d. LOCATION (City, town, or county) Carl Junction, Mo. |
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|------------------------------------|------------------------------------------|--------------------------------------------------------|----------------------------|
| DATE REC'D BY LOCAL REG. Dec 10-51 | REGISTRAR'S SIGNATURE W. C. Stetson M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Roney Funeral Service | ADDRESS Carl Junction, Mo. |
|------------------------------------|------------------------------------------|--------------------------------------------------------|----------------------------|

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

No. 300
10. 48

0446

RECEIVED 12-18-51
Jasper County Health Office

County File Number 51/12/953

Date Filed 12-18-51

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

E. E. Amel

Licensed Embalmer No. 4463

P. O. Address Web City 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.