S. No. 300
Rev. 10.48

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MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7981

State File No. ...

BIRTH NO. ... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, McCracken 0220
d. STREET ADDRESS (If rural, give location): Christian /

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

4. DATE OF DEATH (Month) (Day) (Year): Mar. 12, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Feb. 22, 1880
9. AGE (In years last birthday): 72 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Taylor Bray
13b. MOTHER'S MAIDEN NAME: Mary Jane Marley
14. NAME OF HUSBAND OR WIFE: Mrs. Eva Bray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Eva Bray — ADDRESS: Ozark, Missouri

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) Thrombosis, venous, diffuse, abdominal, with hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

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.
1) Auricular fibrillation — 1 yr.
2) Arteriosclerosis, Severe generalized — 0 yr.

19a. DATE OF OPERATION: 7 Mar/52
19b. MAJOR FINDINGS OF OPERATION: Severe abdominal hemorrhage, going into left scrotum c̄ venous thrombosis, diffuse
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? 466X

22. *I hereby certify that I attended the deceased from* 7 Mar, 1952, *to* 12 Mar, 1952, *that I last saw the deceased alive on* 12 Mar, 1952, *and that death occurred at* 3 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Ozark, Mo
23c. DATE SIGNED: 14 Mar/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 16, 52
24c. NAME OF CEMETERY OR CREMATORY: Linden Cemetery
24d. LOCATION (City, town, or county) (State): Christian, Missouri

DATE REC'D BY LOCAL REG.: 3-14-52
REGISTRAR'S SIGNATURE: James R. Amos, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: T. B. Chaffin — ADDRESS: Ozark, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.