

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24027

State File No.

FILED JUL 29 1953

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>307</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		0:24 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delmar</u> b. (Middle) <u>Clayton</u> c. (Last) <u>Gray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 18 - 1953</u>				
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> <u>0</u>		8. DATE OF BIRTH <u>June 14, 1911</u>	
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Ark</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Samuel E. Gray</u>			13b. MOTHER'S MAIDEN NAME <u>Louella Bonas</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. O. Galemore Corning Ark</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>First - second - third degree burn of left arm - chest and left leg</u> ANTECEDENT CAUSES <u>As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E9160</u> <u>16</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about a home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Poplar Bluff</u> (COUNTY) <u>Butler</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-23-53 10:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Patient fell into pile of burning trash...</u>			
22. I hereby certify that I attended the deceased from <u>6-23, 1953</u> , to <u>7-18, 1953</u> , that I last saw the deceased alive on <u>7-18, 1953</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Irby, M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>7-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7-19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corning Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corning Ark.</u>	
DATE REC'D BY LOCAL REG. <u>7/24/53</u>		REGISTRAR'S SIGNATURE <u>R. H. Mintree</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Irby Rector Ark</u>			

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

RECEIVED
JUL 27 1953

BUTLER CO. HEALTH CENTER

FILE 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Don W. McBride

Licensed Embalmer No. 576

P. O. Address Rector, Ark

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.