No. 300
10-48

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26555

BIRTH NO. — REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 35

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1. PLACE OF DEATH
a. COUNTY Cedar Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ✓
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 ark
b. COUNTY Cleburne
c. CITY OR TOWN Heber Spring
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 8030 8

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) JOE
c. (Last) GAY

4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 6-2-1930
9. AGE (In years last birthday) 24 — 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) TRUCK Diner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Heber Springs, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. C. Gay
13b. MOTHER'S MAIDEN NAME Orpha Cathey
14. NAME OF HUSBAND OR WIFE Hazel Lee Gay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1948 to 1950
16. SOCIAL SECURITY NO. 550-40-3196
17. INFORMANT'S SIGNATURE OR NAME Hazel Lee Gay Heber Springs Ark. 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) CRUSHED CHEST (auto wreck)

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 54 Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 020 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-11-54 11 P. 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D. Gwinn, Coroner
23b. ADDRESS El Dorado Springs Mo
23c. DATE SIGNED 8-12-1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-12-54
24c. NAME OF CEMETERY OR CREMATORY Cross Roads
24d. LOCATION (City, town, or county) (State) Heber Springs, Ark.

DATE REC'D BY LOCAL REG. Aug. 16, 1954
REGISTRAR'S SIGNATURE per L. E. Knowlton, Dep. George W. Nafus
25. FUNERAL DIRECTOR'S SIGNATURE Gwinn - Carothers Funeral Home
ADDRESS El Dorado Springs

(Licensed Embalmer's Statement on Reverse Side)

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

Ol instead

SEP 31 1954

SEP 8 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Floyd E. Carothers.....

Licensed Embalmer No 4419

P. O. Address El Dorado

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.