No. 300
10.48

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

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25078

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 5 mi. North of Nevada 1080

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) c. (Last) DUBRAY

4. DATE OF DEATH (Month) (Day) (Year): July 14 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: August 16, 1881
9. AGE (In years last birthday): 73 — 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): mineing
10b. KIND OF BUSINESS OR INDUSTRY: coal
11. BIRTHPLACE (City and State or Foreign Country): Belgium
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Tony Dubray
13b. MOTHER'S MAIDEN NAME: Lena Martin
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): 6-------
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Louie Dulier- Nevada, Missouri

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute miocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Extensive lacerations of brain

DUE TO (c) Automobile Accident January, 1955.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 21, 1955
19b. MAJOR FINDINGS OF OPERATION: Operation at University of Kansas Medical Center. - Compound fracture of skull.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None. 006
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None. m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None.

22. *I hereby certify that I attended the deceased from* July 12, *19* 55, *to* July 14, *19* 55 *that I last saw the deceased alive on* July 14, *19* 55, *and that death occurred at* 4:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. B. Wray (Degree or title) M. D.
23b. ADDRESS: Moore Building, Nevada, Mo.
23c. DATE SIGNED: 7-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/17/55
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn
24d. LOCATION (City, town, or county) (State): Rich Hill, Missouri

DATE REC'D BY LOCAL REG.: 7-19-1955
REGISTRAR'S SIGNATURE: Amos E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BOOTH'S Funeral Serv. Rich Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1955

AUG 8 1955

JUL 28 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G. Underwoo

Licensed Embalmer No. 358

P. O. Address Butler

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.