

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010263
State File No.

FILED MAR 31 1959

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5 6 7 Registrar's No. 30-59

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Stella</u>		c. CITY OR TOWN <u>Avoca</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 days</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles north</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stella Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>John</u> c. (Last) <u>Bray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1, 1907</u>	9. AGE (In years last birthday) <u>51</u>	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) <u>Farmer and sale clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Clint Bray</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Grunden</u>	14. NAME OF HUSBAND OR WIFE <u>Alalue Bray</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alalue Bray</u>
		ADDRESS <u>Avoca, Arkansas</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary PARALYSIS</u>		<u>6 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral ANOXIA</u> DUE TO (c) <u>Myocardial Failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>POST-OPERATIVE PERITONITIS</u>		<u>7 days</u>	

19a. DATE OF OPERATION <u>3-10-59</u>	19b. MAJOR FINDINGS OF OPERATION <u>Rupture of Liver</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>Automobile</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RT 44 S. of Stella, MO</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>McDonald MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 6 59 noon</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient lost control of his vehicle & overturned.</u>

22. I hereby certify that I attended the deceased from 3-6-, 1959, to 3-18-, 1959, that I last saw the deceased alive on 3-18-, 1959, and that death occurred at 11:56Am., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. ...</u>	(Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Stella, MO.</u>	23c. DATE SIGNED <u>3-21-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/18/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>Pea Ridge, Arkansas</u>

DATE REC'D BY LOCAL REG. <u>Mar 25, 1959</u>	REGISTRAR'S SIGNATURE <u>Mary G. Bradley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Miller</u>	ADDRESS <u>Pea Ridge Ark</u>
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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..

Removed to Arkansas not em

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.