

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016939

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 43 Primary Registration District No. Registrar's No. 248

300  
-57

BY AFFIDAVIT OF MORGAN 7-14-59 REL

USE ONLY BLACK INK OR RIBBON TO MAKE CERTIFICATIONS

Doctor, coroner, etc. must use only standard nomenclature for diseases and causes of death. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville, (Neely) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Neelyville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Length of stay in 1b 1 Month		d. STREET (If outside, give location), ADDRESS Star Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <del>Evelyn</del> Evelyn Joyce Wray		4. DATE OF DEATH Month Day Year May 15, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1954 Dec. 3, 1959
9. AGE (In years last birthday) 4 Ann 5 7 12 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Tucson, Arizona	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Luther Charles Wray	
13b. MOTHER'S MAIDEN NAME Juanita Mae Young		14. NAME OF HUSBAND OR WIFE Child	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Luther Charles Wray, Neelyville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatism by fire Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 9/60
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 16			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Home destroyed by fire cause unknown	
20c. TIME OF INJURY 9:30 p.m. May 15-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Farm Home	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home		20f. CITY, TOWN, OR LOCATION Neely Twp. Butler mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:30 P. M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glover W. Jones Coroner		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 5/19-59		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL Burial		23b. DATE 5/17/59	
23c. NAME OF CEMETERY OR CREMATORY Roberts		23d. LOCATION (City, town, or county) Neelyville, Missouri.	
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff Mo.		25. DATE RECD. BY LOCAL REG. 5/23/59	
26. REGISTRAR'S SIGNATURE R. M. Tree			

844

EH

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 ..... *Not Embalmed* ..... Student Embalmer No. .... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed *Charles E Mungle* .....

Licensed Embalmer No. *4877* .....

P. O. Address *Poplar Bluff* .....

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.