

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016940

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 43 Primary Registration District No. Registrar's No. 247

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 ADDRESS (If outside, give location) Star Route
3. NAME OF DECEASED (Type or print) First Middle Last Luther Charles Wray, Jr.			4. DATE OF DEATH Month Day Year May 15, 1959
5. SEX Male	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 Jan. 4, 1953
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4 Months 21 Days IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. 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		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatism by Fire</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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.) <u>Home destroyed by fire cause unknown</u>		
20c. TIME OF INJURY Hour Month, Day, Year 9:30 p.m. 5-15-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>		20f. CITY, TOWN, OR LOCATION <u>Neelyville</u>	COUNTY STATE <u>Butler MO</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>9:30 P. M</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles Wray</u>		22b. ADDRESS <u>Poplar Bluff, MO.</u>	22c. DATE SIGNED <u>5-19-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Roberts</u>	23d. LOCATION (City, town, or country) (State) <u>Neelyville, Mo.</u>
24. FUNERAL DIRECTOR <u>Frank-Cotrell Chapel, Poplar Bluff</u>		25. DATE RECD. BY LOCAL REG. <u>5/23/59</u>	26. REGISTRAR'S SIGNATURE <u>R. M. Mudd</u>

(License of Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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.

Not Embalmed

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.

10/10/56