

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. 35796

FILED SEP 26 1949

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 156

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, write RURAL and give township) Nevada 1 c. LENGTH OF STAY (in this place) 7 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Vernon
 c. CITY (If outside corporate limits, write RURAL and give township) Nevada 100
 d. STREET ADDRESS (If rural, give location) 929 St. Cherry 2

3. NAME OF DECEASED
 a. (First) Lawrence b. (Middle) - c. (Last) Dubray, Jr. 4. DATE OF DEATH (Month) (Day) (Year) 9 15 1949

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH June 3, 1909 9. AGE (In years last birthday) 40 3 17 11 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night club 10b. KIND OF BUSINESS OR INDUSTRY nightclub operator 11. BIRTHPLACE (State or foreign country) Panama, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lawrence Dubray 13b. MOTHER'S MAIDEN NAME Madeline Dulice Hazel Ruth Dubray 14. NAME OF HUSBAND OR WIFE Jerry Lee Dubray (son)

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) yes 1945-1944 16. SOCIAL SECURITY NO. 722-07-1262 17. INFORMANT'S SIGNATURE OR NAME Jerry Lee Dubray (son) 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (INTERVAL BETWEEN ONSET AND DEATH) 21 days
 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. 4201 F

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION _____ 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.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 8-29, 1949, to 9-15, 1949, that I last saw the deceased alive on 9-14, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE FL Martens (Degree or title) M.D. 23b. ADDRESS Nevada Mo 23c. DATE SIGNED 9-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 9-17-'49 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery 24d. LOCATION (City, town, or county) (State) Pittsburg Kansas

DATE REC'D BY LOCAL REG. Sept. 21, 49 REGISTRAR'S SIGNATURE Hathorn 531 FUNERAL DIRECTOR'S SIGNATURE Allen P. Hays ADDRESS Nevada

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

DEC 16 1949

SEP 2

RECEIVED

District Health Officer No. 7

District File Number 8-49-118

Date Filed 9-24-49

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.

Student _____
Student Embalmer

Signed Best B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, Mo

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