

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35999

State File No. ....

No. 300  
10.48

BIRTH NO. 333 REG. DIST. NO. 3074 PRIMARY REG. DIST. NO. 3074 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Tenn.</b> b. COUNTY <b>Hardin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hardin, Co.</b>	
c. LENGTH OF STAY (In this place) <b>3 Wks</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>WAYNE</b>	c. (Last) <b>GRAY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>X</b>	8. DATE OF BIRTH <b>Aug. 1, 1948</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Days <b>12</b>	IF UNDER 1 Hrs. Hours	IF UNDER 1 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (State or foreign country) <b>Hardin, Co. Tenn./</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		

13a. FATHER'S NAME <b>J. P. Gray</b>	13b. MOTHER'S MAIDEN NAME <b>Flora Mae Carroll</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. P. Gray</b>	ADDRESS <b>Hayward, Mo.</b>
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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, asthma, 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) <b>Infection</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>malnutrition dehydration</b>		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-12, 1949, to 10-17, 1949 that I last saw the deceased alive on 10-17, 1949, and that death occurred at 9:42 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas C. McClure</b>	(Degree or title)	23b. ADDRESS <b>Sikeston, Mo.</b>	23c. DATE SIGNED <b>10/27/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-18-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Braswell</b>	24d. LOCATION (City, town, or county) (State) <b>Hayward, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 1, 49</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.S. Smith</b>	ADDRESS <b>Funeral Home Caruthersville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7 194

RECEIVED

District Health Office No.

District File Number 1149-1

Case Filed \_\_\_\_\_

**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 \_\_\_\_\_

*Body was not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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