

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34307

State File No. \_\_\_\_\_

Registrar's No. 119

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5901

1. PLACE OF DEATH

a. COUNTY Remisot

b. CITY (If outside corporate limits, write RURAL and give township) Rural Concord

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Remisot

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Concord 0780

d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED

a. (First) Garland b. (Middle) \_\_\_\_\_ c. (Last) Ray

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)

Oct 18, 1950

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Dec 25, 1933

9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months 9 Days 23 IF UNDER 2 HRS. Hours 23 Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Savannah Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Swanson Ray

13b. MOTHER'S MAIDEN NAME Annie M<sup>o</sup> Clair

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) No

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Ray Postageville, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Rundown by Automobile

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.

INTERVAL BETWEEN ONSET AND DEATH

58124

25

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60

21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Little River Remisot, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-18-50 7:15 Pm.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Rundown by car on Highway 60

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Osburn Coroner

23b. ADDRESS Wardell, Mo.

23c. DATE SIGNED 10-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-20-50

24c. NAME OF CEMETERY OR CREMATORY Cowthern Cem.

24d. LOCATION (City, town, or county) (State) Savannah, Tenn.

DATE REC'D BY LOCAL REG. 10-30-50

REGISTRAR'S SIGNATURE John W. Germano

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John W. Germano Postageville, Mo.

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

7803

10-50-281

OCT 31 RECD

L. D. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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

*John W German*

Licensed Embalmer No. 4355

P. O. Address Stytle 4 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.