

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17508**

FILED JUN 4 1951

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5906** Registrar's No. **46**

780

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

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rural Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2			

3. NAME OF DECEASED (Type or Print)	a. (First) Robbie	b. (Middle) Mae	c. (Last) Gray	4. DATE OF DEATH (Month) (Day) (Year) May 10, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Feb. 1, 1951	9. AGE (In years last birthday) 3 9 Months 9 Days	IF UNDER 1 YEAR Hours 1 Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J. P. Gray	13b. MOTHER'S MAIDEN NAME Flora Mae Carroll	14. NAME OF HUSBAND OR WIFE X
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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) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME J. P. Gray	ADDRESS R. 2 Portageville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown- this baby died while sleeping. No FBul play.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James A. Palmer (Degree or title) Coroner	23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 5-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-11-51	24c. NAME OF CEMETERY OR CREMATORY Hayward Cemetery	24d. LOCATION (City, town, or county) (State) Hayward, Mo.
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DATE REC'D BY LOCAL REG. 5-31-51	REGISTRAR'S SIGNATURE John W. Herman	406	25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn	ADDRESS Funeral Home Wardell, Mo.
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6-51-139

JUN - 2 1951

S. B. Beecher, M. D.,
Pamlico County Health Department,
Cahoonville, 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.

Signed James G. Peburn

Signed _____
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.