

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31281**

FILED OCT 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5784** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural James Bayon</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 miles Southeast of E.P.</b>		e. STREET ADDRESS (If rural, give location) <b>7 miles Southeast of East Prairie</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>REGINALD</b>	b. (Middle) <b>GLENN</b>	c. (Last) <b>RAY</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Sept. 1-1954</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>March 10-1953</b>	9. AGE (In years last birthday)	If UNDER 1 YEAR Months Days	If UNDER 2 HRS. Hours Min.
		<b>never married</b>		<b>17</b>	<b>21</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY
<b>none</b>	<b>none</b>	<b>Parena, Mo</b>	<b>U.S.A.</b>

13a. FATHER'S NAME <b>Blaine Ray</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth DeBann</b>	14. NAME OF HUSBAND OR WIFE <b>None</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)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Blaine Ray</b> ADDRESS <b>East Prairie</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
	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.  <b>E8300 25</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>East Prairie Miss 067 Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9, 1, 54 a.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tractor Backed over child</b>
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22. I hereby certify that I attended the deceased from **Sept 1, 1954**, to **Sept 1, 1954**, that I last saw the deceased alive on **Sept 1, 1954**, and that death occurred at **4p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Lois Campbell D.O.</b> (Degree or title)	23b. ADDRESS <b>East Prairie Mo.</b>	23c. DATE SIGNED <b>9-14-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-2-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>W.O.W. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>East Prairie Mo</b>
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DATE REC'D BY LOCAL REG. <b>9-22-54</b>	REGISTRAR'S SIGNATURE <b>Gertrude G. Harper</b>	25. FORMAL OR REGISTRY'S SIGNATURE <b>Glenn Shelby</b> ADDRESS <b>East Prairie, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6670

OCT 1 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed OCT 1 1954

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *James Shelby* \_\_\_\_\_

Licensed Embalmer No. *275*

P. O. Address *East Prairie*

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.