

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000477

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1244 STATE FILE NUMBER

NO NOT WRITE ON THIS STUB

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Rev. 4/59

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DATE AMENDED  
INSTEAD OF  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>28 DAYS</b>	c. CITY OR TOWN <b>WALNUT RIDGE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA. HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE #2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JESSE</b> Middle <b>GRAY</b> Last <b>BRYANT</b>			4. DATE OF DEATH Month <b>1</b> Day <b>5</b> Year <b>1963</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-16-95</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>WALNUT RIDGE, ARK.</b>
13a. FATHER'S NAME <b>GRAY BRYANT</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA JONES</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b> <b>WWI</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b> DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> DUE TO (c) <b>GENERALIZED ARTERIOSCLEROUS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b> <b>MANY YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>VA</b>		20f. CITY, TOWN, OR LOCATION <b>VA. HOSPITAL, POPLAR BLUFF, MO.</b>	
21. I attended the deceased from <b>12-8-62</b> to <b>1-5-63</b> and last saw him alive on <b>1-5-63</b> Death occurred at <b>12:45 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Eugene Rorey M.D.</b> <b>EUGENE ROREY, M.D. Actg. Chief Med. Scv.</b>		22b. ADDRESS <b>VA. HOSPITAL, POPLAR BLUFF, MO.</b>	22c. DATE SIGNED <b>1-7-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-7-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lawrence Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Walnut Ridge, Ark.</b>
24. FUNERAL DIRECTOR <b>Higginbotham - Walnut Ridge, Ark.</b>		25. DATE RECD. BY LOCAL REG. <b>1-14-1963</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 17 1963



**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 Wm. C. Higginbotham, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Wm C Higginbotham

Licensed Embalmer No. Ark. # 1064

P. O. Address Box 191- Walnut Ridge  
Ark.

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.