National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 141

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 36510

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christa Hogan Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 8 dys. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town Moody (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME THOMAS PORTER GRAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Laura Castleberry Gray

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 29, (Month) (Day) 1871 (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Campbell, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Obe Gray

13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Rebecca DuBois

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Gray

(b) Address Moody1 Missouri

17. (a) Moody Cem. (Burial, cremation) (b) Date thereof 11/17/48 (Month) (Day) (Year)

(c) Place: burial or cremation Moody, Mo.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address West Plains, Mo.

19. (a) Dec 2 - 48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16, year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 11/2, 1948, to 11/16, 1948 that I last saw him alive on 11/16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

51B

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature C. F. Callihan (M. D. Xothx)

Address West Plains, Missouri Date signed 11/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-6-48
District Health Officer No. 5,
District File Number 1248,49
Date Filed 12-6-48

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, ~~XXXX~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.