

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11541

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 412

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway 74</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>402 East 6th</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THEODORE</u>	b. (Middle) <u>CHARLES</u>	c. (Last) <u>GRAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 49</u>
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5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10/5/71</u>	9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hatchery owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hatchery</u>	11. BIRTHPLACE (State or foreign country) <u>Humboldt, Nebr. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Gray</u>	13b. MOTHER'S MAIDEN NAME <u>Theresia Kunze</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzetta Gibson Gray</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theodore Gray, Jr., Maryville, Mo.</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia, acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, general</u> 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) (m.)	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 6/18/49, 1949, to 3/10, 1949 that I last saw the deceased alive on 3/9, 1949, and that death occurred at 1:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>301 N. 8th, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>4/22/49</u>
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24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/12/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 25, 1949</u>	REGISTRAR'S SIGNATURE <u>E. L. Lukins 387</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Price - Maryville, Mo.</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

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.....

John W. Price

Signed.....
Student Embalmer

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.