No. 300
10.48

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29704

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 196

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bales Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural" Eugene Twp. 0170
d. STREET ADDRESS (If rural, give location): 7 mi. E. of Carrollton

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): L.
c. (Last): GRAY

4. DATE OF DEATH (Month) (Day) (Year): Oct. 6 1950

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 12, 1895
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Pratt Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James M Gray
13b. MOTHER'S MAIDEN NAME: Martha Miller
14. NAME OF HUSBAND OR WIFE: Lesia R. Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Thomas L. Gray — ADDRESS: Carrollton Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — 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.

4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5 Oct, 1950, *to* 5 Oct, 1950, *that I last saw the deceased alive on* 5 Oct, 1950, *and that death occurred at* 2 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. W. Allen (Degree or title): D. M.D.
23b. ADDRESS: Carrollton Mo
23c. DATE SIGNED: 6 Oct 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 8, 1950
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.
24d. LOCATION (City, town, or county) (State): Carrollton Mo.

DATE REC'D BY LOCAL REG.: 10/8/50
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Standley & Gibson
ADDRESS: Carrollton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 11
DISTRICT
HEALTH OFFICE
CAMERON, MO.

MAR 19

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ben W Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 296

P. O. Address Carrollton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.