

FILED APR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9643  
Registrar's No. 54

0850

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <u>MO</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LIBERTY TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTA</u> b. (Middle) <u>SULLIVAN</u> c. (Last) <u>GRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-28-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 21-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (State or foreign country) <u>Bedford Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Leo Gray</u>	
13b. MOTHER'S MAIDEN NAME <u>Nellie J. Rose</u>		14. NAME OF HUSBAND OR WIFE <u>Estel M. Gray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If affirmative war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Estel M. Gray</u>		ADDRESS <u>Richmond</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>being bed fast</u> DUE TO (c) <u>tuberculosis, syphilis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic heart disease</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Jan</u> , 1951, to <u>March</u> , 1951, that I last saw the deceased alive on <u>March 28</u> , 1951, and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Louis J. M... (Degree or title)</u>		23b. ADDRESS <u>Richmond Mo</u>	
23c. DATE SIGNED <u>3-29-51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>3/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rapid City</u>	
24d. LOCATION (City, town, or county) (State) <u>Rapid City S. Dak</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Bud...</u>	
DATE REC'D BY LOCAL REG. <u>3-31-51</u>		ADDRESS <u>Richmond</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-30-51  
Nebraska Health Officer  
File Number  
Date Filed 3-30-51

MAR 30 1951

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 \_\_\_\_\_

*R. B. Zepher*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3198*

P. O. Address. *Richland 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.