

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36626**

No. 300
10.48

FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5199 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>CARROLL.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard, Van Horn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard, Mo. 0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>city,</u>	

3. NAME OF DECEASED (Type or Print) <u>SULVESTER</u>	a. (First)	b. (Middle)	c. (Last) <u>GRAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 30 51</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>OCT 16-1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Brown County Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>THOMAS Gray</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hutchison</u>	14. NAME OF HUSBAND OR WIFE <u></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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Annie Gray Bogard Mo.</u>	ADDRESS <u></u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sept cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fragility of arteries</u> DUE TO (c) <u>3rd month's of old age</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331-X</u>	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 Nov 27, 1951, to Nov 30, 1951, that I last saw the deceased alive on Nov 29, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Hamilton Stator, M.D.</u>	23b. ADDRESS <u>Casselman, Mo</u>	23c. DATE SIGNED <u>Dec 15</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COLAMA</u>	24d. LOCATION (City, town, or county) (State) <u>Bogard Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/1/51</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Clark</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. D. Johnson</u>	ADDRESS <u>Bogard Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student
Student Embalmer

Signed Ed Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard 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.