

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4159

State File No.

FILED FEB 25 1952

Registrar's No. 57

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge 1800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) <u>S</u> c. (Last) <u>Gray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 16 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-11-1863</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>9 Ark.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Colbert</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Angelsey</u>	
14. NAME OF HUSBAND OR WIFE <u>OK</u>		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>State Hospital #1 Fulton Mo</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>Chronic Myocarditis</u> 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. <u>senile dementia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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>Sudden</u> , to _____, 19____, that I last saw the deceased alive on <u>2-16</u> , 19 <u>52</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Miller M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital Fulton Mo</u>	
23c. DATE SIGNED <u>2-16-52</u>		24. LOCATION (City, town, or county) (State) <u>Green Ridge - Mo.</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 18 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green Ridge - Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 17 - 1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Thome & Sons</u>

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

43
2

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 Paul M. Moore.....

Licensed Embalmer No. 3923.....

P. O. Address La Monte, Md.....

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.