

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38297**

State File No. \_\_\_\_\_

S. No. 300  
v. 10-48

**FILED DEC 8 1952**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1062</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>			c. LENGTH OF STAY (in this place) <u>30 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			<u>1396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1330 Cherry</u>				d. STREET ADDRESS (If rural, give location) <u>1330 Cherry</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MACK</u>		b. (Middle) <u>ALVIN</u>		c. (Last) <u>GRAY</u>		
4. DATE OF DEATH		Month <u>November</u>		Day <u>27</u>		Year <u>1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 24, 1879</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt of Buildings</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State College</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Gray</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Pryor</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Harry Gibson, Springfield, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <u>Four men</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary thrombosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>				
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.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						
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) m.		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>4-9, 1952</u> , to <u>11-27, 1952</u> , that I last saw the deceased alive on <u>4-9, 1952</u> , and that death occurred at <u>12:30P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>SB Lemmon Jr. MD</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>11-28-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mable Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-1-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer</u>		ADDRESS <u>Springfield, Mo</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

*Semmon  
Prof*

**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 *James W. Warr*

Licensed Embalmer No. *4650*

P. O. Address *Springfield, 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.