

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41379

State File No. _____

1110

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville (Rural)</u> 1110	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRISON</u> b. (Middle) <u>Gray</u> c. (Last) <u>Gray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 11, 1887</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmwork</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>Charonia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Gray</u>		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>Marie Clark Gray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes, less than 3 mo</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Gray</u>		ADDRESS <u>Greenville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>World War One.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TERMINAL CARCINOMA</u> ANTECEDENT CAUSES <u>General Intestinal Involvement</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>153X</u>	
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) (Min.)		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>May</u> , 19 <u>52</u> , to <u>Nov. 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 11, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John F. Wagner, M.D.</u>		23b. ADDRESS <u>Greenville, Mo.</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-8-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenville</u>		24d. LOCATION (City, town, or county) (State) <u>Greenville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/24/52</u>		REGISTRAR'S SIGNATURE <u>Mabel Beasley</u> 341-0	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bish FUNERAL Home</u>		ADDRESS <u>Greenville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 26 1952

WAYNE CO. HEALTH CENTER

FILE No. 1152-59

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
Student Embalmer

Signed Marvin E. Bowles.....

Licensed Embalmer No. 4426.....

P. O. Address Bedford, 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.