

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38038**BIRTH NO. _____ REG. DIST. NO. 344 PRIMARY REG. DIST. NO. 6181 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Twp.	
c. LENGTH OF STAY (in this place) 41 yrs.		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. SW Green City		d. STREET ADDRESS (If rural, give location) 4 mi. SW Green City	

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) May c. (Last) Gray			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 21, 1890		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Calvin S. Martin		13b. MOTHER'S MAIDEN NAME Minerva C. Kent		14. NAME OF HUSBAND OR WIFE Frank Gray	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Gray, Green City, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 15 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA CERVICAL lymph glands		ANTECEDENT CAUSES grade II					
		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				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)		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 May 9, 1953, to October 13, 1953, that I last saw the deceased alive on October 11, 1953, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE R. D. Smith D.O. (Degree or title)		23b. ADDRESS Green City, Mo.		23c. DATE SIGNED Oct. 14, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery Green City, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. Nov. 1, 1953		REGISTRAR'S SIGNATURE Annabelle D. Cooper, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Karl R. Kent

Licensed Embalmer No. _____

4689

P. O. Address _____

Green City, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.