

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 25 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo. R. Cullen Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo Rural Rt 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Rural Rt. 2	
3. NAME OF DECEASED a. (First) Verbia (Type or Print)		b. (Middle) E.	
		c. (Last) Gray	
		4. DATE OF DEATH (Month) (Day) (Year) April 30, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1909
9. AGE (In years last birthday) 45		10. UNDER 1 YEAR (Months) (Days)	11. 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 None	11. BIRTHPLACE (City and State or Foreign Country) Arlington, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alzie Loughrige	
		13b. MOTHER'S MAIDEN NAME Julia Cook	
		14. NAME OF HUSBAND OR WIFE H.D. Gray	
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 H.D. Gray	
		ADDRESS Waynesville, Mo Rt. 2	
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) Carcinoma of Uterus		INTERVAL BETWEEN ONSET AND DEATH unknown	
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 174X	
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)		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>11-10</u> , 19 <u>53</u> , to <u>4-30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>54</u> , and that death occurred at <u>7:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE R.O. Smith		23b. ADDRESS Waynesville, Mo	
23c. DATE SIGNED 5-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1954	
24c. NAME OF CEMETERY OR CREMATORY DryCreek Cemetery		24d. LOCATION (City, town, or county) (State) Waynesville, Mo Rural	
DATE REC'D BY LOCAL REG. 5-1-54		REGISTRAR'S SIGNATURE Paula Jane Anderson	
25. FUNERAL HOME OR OTHER PLACE WHERE FUNERAL HELD Hedges Funeral Home		25. CITY, TOWN, OR TOWNSHIP Waynesville, Mo	

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

Date Filed 5-15-54
File Number _____

Plaquemine County Health Officer

RECEIVED 5-1-54

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 Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.