

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19618

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier Rural</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>S</u>		c. (Last) <u>Gray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>7-3-1881</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Relief Coal Miner</u>		11. BIRTHPLACE (State or foreign country) <u>Blairton Scotland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

10a. FATHER'S NAME <u>Matthew Gray</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Harrison</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Nell Gray</u> ADDRESS <u>Bevier 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary atherosclerosis unknown</u>			
		DUE TO (c) <u>1. grade III Hypertension 2. Hypochromic anemia 3. Obesity + Hematuria</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 5-7-1954, to _____, 19____, that I last saw the deceased alive on 5-27-1954 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Dusseldorf</u> (Degree or title) _____		23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>5-7-54</u>	
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24a. BURIAL CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood Cem. Bevier, Mo</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
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DATE REC'D BY LOCAL REG. <u>6/10/54</u>		REGISTRAR'S SIGNATURE <u>J. M. Neely</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. S. Edwards</u> ADDRESS <u>Bevier, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0610

0610

MAY 18 1956

MAY 18 1956

RECEIVED 6-22-54
MASON COUNTY HEALTH DEPARTMENT
County File No. 6-54-1023
Date Filed 6-24-54

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 *H. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Bever, 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.