No. 300
10.48

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37803

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland, Missouri
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Richland, Mo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): None.

0850

3. NAME OF DECEASED (Type or Print)
a. (First): Nettie
b. (Middle): Jane
c. (Last): Gray

4. DATE OF DEATH (Month) (Day) (Year): 12- 9- 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 3, 1864
9. AGE (In years last birthday): 91 yrs
IF UNDER 1 YEAR: Months 8 Days 6
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: None.
11. BIRTHPLACE (City and State or Foreign Country): Hawleyville, Iowa.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Gray
13b. MOTHER'S MAIDEN NAME: Rebecca Goodman
14. NAME OF HUSBAND OR WIFE: George 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 ADDRESS: Anna E. Stuck Richland, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bed fastness
DUE TO (c) Chronic pancreatitis & chyl cosystitis

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: 5871
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__ *to* Dec 9, 1955, *that I last saw the deceased alive on* Dec 9, 1955, *and that death occurred at* 11:48 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. L. Myers D.O.
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/12/55
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Rapid City, S. Dakota

DATE REC'D BY LOCAL REG.: 12-10-55
REGISTRAR'S SIGNATURE: Eula Mae Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: B. J. Hedges Richland Mo
Hedges Funeral Home Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Received 12-10-55
Fulton County Health Officer
File Number
Date Filed 12-10-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Grose

Licensed Embalmer No. 4896

P. O. Address Waynesville

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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