

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10060**

FILED APR 2 - 1956

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 30.52		Registrar's No. 169		
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis				
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 28 yrs.		c. CITY OR TOWN Sedalia		d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 216 W. Morgan				e. STREET ADDRESS (If rural, give location) 216 W. Morgan 080%				
3. NAME OF DECEASED (Type or Print) Georgia			a. (First)	b. (Middle)	c. (Last) Gray	4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1956		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1896		9. AGE (In years last birthday) 59 yrs	10. UNDER 1 YEAR	11. UNDER 1 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Willie Felts		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Barney Gray				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Barney Gray - Sedalia, Mo. ADDRESS					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				ANTECEDENT CAUSES Diabetes Mellitus				
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 Secondary Anemia				Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x				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) m.		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 3-26-1956 to 3-29-1956 , that I last saw the deceased alive on 3-29-1956 and that death occurred at 4:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) A. R. Maddox M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 3-31-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 31, 1956	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia Mo.			
DATE REC'D BY LOCAL REG. 4-2-56		REGISTRAR'S SIGNATURE Blade A Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Price DeFand		ADDRESS 400 W Cooper		

(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.....
Signature of Student Embalmer

Signed.....
Eric Alfano

Licensed Embalmer No. *415*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.