

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3405**
Registrar's No. ~~3~~

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **6154**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex Richland Twp.		c. CITY OR TOWN Essex	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 48 yrs.		e. STREET ADDRESS (If rural, give location) Route 1 Richland Twp. 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Lula	b. (Middle) Chester	c. (Last) Gray	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 14, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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 housewife	11. BIRTHPLACE (City and State or Foreign Country) Oakwood, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Chester	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
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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. X X X X X X X	17. INFORMANT'S SIGNATURE OR NAME Pat Gray	ADDRESS Cairo, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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 33ix	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **1-13**, 19**57**, to **1-14**, 19**57**, that I last saw the deceased alive on **1-14**, 19**57**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. M. Sosno, M.D.	(Degree or title) M.D.	23b. ADDRESS Shorthouse, Mo.	23c. DATE SIGNED 1-17-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-15-57	24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	24d. LOCATION (City, town, or county) (State) Sikeston, Mo.
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DATE REC'D BY LOCAL REG. 1-28-57	REGISTRAR'S SIGNATURE Louis E. Mooney	25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons	ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Marsh Watkins*.....

Licensed Embalmer No. *4717*.....

P. O. Address *Dexter, M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.