

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30745

STATE FILE NUMBER

Registration District No. 13Primary Registration District No. 3003Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>Barry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <input checked="" type="checkbox"/> a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent Hosp.</b>		Length of stay in lb <b>39 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>103 Elm St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MEDA</b> Middle <b>JANE</b> Last <b>GRAY</b>			4. DATE OF DEATH <b>Sept. 17, 1957</b> Month Day Year		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 17, 1879</b>		9. AGE (In years last birthday) <b>78</b> Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Barry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wm. Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Lee</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Gray</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Earl Gray Monett, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Myeloma (?) 16 yrs</b>				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>203X</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>July 29, 1957</b> , to <b>Sept 17, 1957</b> and last saw her alive on <b>Sept 16, 1957</b> Death occurred at <b>11:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a: SIGNATURE (Degree or title) <b>F. L. Edwards M.D.</b>		22b. ADDRESS <b>Monett, Mo</b>		22c. DATE SIGNED <b>Sept 19, 57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/19/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Barry County, Mo.</b>
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b>		ADDRESS <b>Monett, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-21-57</b>	26. REGISTRAR'S SIGNATURE <b>M. P. A. Cook</b>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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-5713  
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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 957-170

DATE REC. 9-23-57

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 J. W. Buchanan .....

Licensed Embalmer No. 3179.....  
P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.