

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH AND MATERNITY

FILED OCT 8 1957

STANDARD CERTIFICATE OF DEATH

32517  
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 5650 Registrar's No. 89

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>R.F.D. Verona</b>		c. CITY OR TOWN <b>R.F.D. Verona</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 1/2 M. N.E. Monett</b>		d. STREET ADDRESS (If outside, give location) <b>6 1/2 M. N.E. Monett, Mo.</b>	

3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>L.</b> Last <b>Gray</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>27</b> Year <b>1957</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 19, 1886</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired carpenter &amp; Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Norton, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Eli Gray</b>	13b. MOTHER'S MAIDEN NAME <b>Hattie Clark</b>	14. NAME OF HUSBAND OR WIFE <b>Maple Gray</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-01-3178</b>	17. INFORMANT <b>Mrs. Maple Gray</b> Address <b>Verona, Mo.</b>
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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>Inanition and Debilitation</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b>		
DUE TO (c) <b>Primary Carcinoma of face</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>191X</b>		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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.)
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20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>	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 <b>Verona, Mo.</b>	COUNTY <b>Lawrence</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>Sept. 21, 1957</b> to <b>Sept. 27, 1957</b> and last saw her/him alive on <b>Sept. 27, 1957</b> Death occurred at <b>8:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>F. Avery Watson D.O.</b>	22b. ADDRESS <b>Verona, Mo.</b>	22c. DATE SIGNED <b>9-20-57</b> (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/29/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Church Cem.</b>	23d. LOCATION (City, town, or county) <b>Lawrence County, Mo.</b>
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24. FUNERAL DIRECTOR <b>J. D. Buchanan,</b> ADDRESS <b>Monett, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10/31/1957</b>	26. REGISTRAR'S SIGNATURE <b>Ora McNett</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coronator, etc.: must use only standard nomenclature in their reports. All diseases in Part I must be causally related.

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. D. 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.