

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018547

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 127

300
-57

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Maryville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) 6 miles northeast
3. NAME OF DECEASED (Type or print) First LULA Middle M. Last GRAY		4. DATE OF DEATH Month 5 Day 15 Year 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/12/80
9. AGE (In years at birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) <input type="checkbox"/> Burlington Jct., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Isaac F. Weddle	
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Snow		14. NAME OF HUSBAND OR WIFE Eugene S. Gray, dec.	
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 Mrs. Lloyd Blackford, St. Joseph, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Apoplexy with arterio-sclerosis general</i></u> 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) 334X			INTERVAL BETWEEN ONSET AND DEATH 23 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			
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 Maryville, Missouri		COUNTY STATE	
21. I attended the deceased from <u><i>4-22</i></u> to <u><i>5/15/59</i></u> and last saw <u><i>him</i></u> alive on <u><i>5-15-59</i></u> Death occurred at <u><i>10:10</i></u> <u><i>A.</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. D.</i> (Degree or title) M. D.		22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 5/15/59		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (specify) burial		23b. DATE 5/18/59	
23c. NAME OF CEMETERY OR CREMATORY Elmo		23d. LOCATION (City, town, or county) (State) Elmo, Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 5-15-59	
26. REGISTRAR'S SIGNATURE <i>Bess Hubt</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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.