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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020182
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nevada Hospital — Length of stay in Ib: 8 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1082 520 N. Washington — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Walter Last: Gray

4. DATE OF DEATH Month: May Day: 27 Year: 1959

5. SEX: M **6. COLOR OR RACE:** Wh **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: July 24, 1866

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical doctor
10b. KIND OF BUSINESS OR INDUSTRY: Medicine
11. BIRTHPLACE (City and state or country): Henry County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William A. Gray
13b. MOTHER'S MAIDEN NAME: Mary Bibbs
14. NAME OF HUSBAND OR WIFE: Sarah Neff Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Sarah Gray Address: Nevada, Missouri 520 N. Washington

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute left ventricular failure	8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Right lower lobar pneumonia	4 days
DUE TO (c)	Severe cold	2 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic hypertrophy of prostate and retention of urine. 490X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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 WORK [ ] NOT WHILE AT WORK [ ]
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 May 23, 1959, to May 27, 1959 and last saw ~~her~~ him alive on May 26, 1959
Death occurred at Nevada, Mo. 3:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. B. Wray, M. D.
22b. ADDRESS: Moore Bldg., Nevada, Missouri
22c. DATE SIGNED: 5/29/1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 29, 1959
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada Missouri

24. FUNERAL DIRECTOR ADDRESS: Ferry Funeral Home Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 6-5-59
26. REGISTRAR'S SIGNATURE: Arnal E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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 L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, 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.