FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20251

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 141

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Graham
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lula Edna Gray
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ralph (deceased)
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov. (Month) 12 (Day) - 1875 (Year)

8. AGE: Years 72 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Graham (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business "
FATHER
12. Name Nicholas Helzer
13. Birthplace Jeffersonville (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Mary Rostock
15. Birthplace Oregon (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Ted Wright
(b) Address Graham, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Graham Cemetery
18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville - Mo.
19. (a) 6/12/48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 12 minute 15 a M.
21. I hereby certify that I attended the deceased from May 1, 1948, to June 9, 1948; that I last saw her alive on June 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure with pulmonary edema	2 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of liver	3 mos.

Major findings:
Of operations none.
Of autopsy Cesalive

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature H. C. Bauman (M. D. or other) M.D.
Address Maryville - Mo Date signed 6/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 7 1951

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.