

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18883

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 408.7 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY OR TOWN <u>Van Buren Ct.</u>		c. CITY OR TOWN <u>Van Buren (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>6 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of her friend</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Lee</u> c. (Last) <u>Gray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 14 1881</u>
9. AGE (In years last birthday) <u>68</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ill</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Lock</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>S.S. Gray</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>S.S. Gray Van Buren Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>arterial hypertension</u> DUE TO (c) <u>chronic glomerulonephritis (?)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>422</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-26, 1948</u> to <u>June 4, 1949</u> , that I last saw the deceased alive on <u>June 3, 1949</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski, D.O.</u>		23b. ADDRESS <u>Van Buren, Mo.</u>	23c. DATE SIGNED <u>6-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yout</u>	24d. LOCATION (City, town, or county) (State) <u>Warwood, Mo</u>
DATE REC'D BY LOCAL REG. <u>June 21-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Oeta Hanson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Perwitz</u>	ADDRESS <u>Van Buren Mo</u>

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

RECEIVED 6/24/49
District Health Officer No. 6,
District File Number 649461
Date Filed 6-24-49

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 _____
Student Embalmer

Signed Chas. L. Pruitt

Licensed Embalmer No. 4574

P. O. Address Van Buren

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