

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24249

FILED JUL 28 1949

BIRTH NO. _____		REG. DIST. NO. 265		PRIMARY REG. DIST. NO. 5887		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark			
b. CITY OR TOWN Lutie Mo. <i>Stays all life</i>				c. CITY OR TOWN Lutie Mo - Ozark co. 77			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) Rural 2			
3. NAME OF DECEASED (Type or Print)		a. (First) Theodosia		b. (Middle) Bell		c. (Last) Gray	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan - 9 - 1877	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Seymour Mo - Webster Co		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Rutherford		13b. MOTHER'S MAIDEN NAME Laura Harp		14. NAME OF HUSBAND OR WIFE Dan Gray			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Dan Gray - Lutie Mo		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐		INTERVAL BETWEEN ONSET AND DEATH 5 days 1 week 5858 8 mo	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 28, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 3:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. J. Hoernman D.D.				23b. ADDRESS 200 Gainesville, Mo.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4 - 49		24c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery		24d. LOCATION (City, town, or county) (State) Ozark Co - Mo	
DATE REC'D BY LOCAL REG. 7-11-49		REGISTRAR'S SIGNATURE Mae Johnson		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 0 Plunkinghead Funeral Home - Gainesville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 749-837

Date Filed 2-18-49

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

C. Miller A. Roof

Licensed Embalmer No. 3048

P. O. Address

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