S. No. 300
V. 10.48

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

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31209

State File No. 31209

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 212

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville, Mo
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
d. STREET ADDRESS (If rural, give location): 222 West Cooper

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): CATHERINE
c. (Last): GRAY

4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 17, 1873
9. AGE (In years last birthday): 76 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monroe, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Cochrane
13b. MOTHER'S MAIDEN NAME: Catherine Parker Brunt
14. NAME OF HUSBAND OR WIFE: John H. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Jack Gray — ADDRESS: Maryville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Ca.
DUE TO (c) Ca Primary in liver + Gall Bladder

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — 156 A

19a. DATE OF OPERATION: Aug 1, 1949
19b. MAJOR FINDINGS OF OPERATION: Generalized Metastatic Ca.
20. AUTOPSY? YES ☐ NO ☑

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): Maryville
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* July 5, 1949, *to* Sept 6, 1949 *that I last saw the deceased alive on* Sept 5, 1949, *and that death occurred at* 5:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Inskeep, M.D. (Degree or title)
23b. ADDRESS: Maryville, Mo.
23c. DATE SIGNED: 9-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/8.49
24c. NAME OF CEMETERY OR CREMATORY: Miriam
24d. LOCATION (City, town, or county) (State): Maryville, Mo.

DATE REC'D BY LOCAL REG.: 9-17-49
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE: Price Funeral Home — **ADDRESS**: Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1950

MAY 5 1950

RECEIVED
SEP 19 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

SEP 27 1949

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 Glen M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.