

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37008

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH <u>Bethany Missouri</u> a. COUNTY <u>Harrison Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City, Harrison Co</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Sugar 2p0</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>North of Gilman City</u>			
3. NAME OF DECEASED (Type or Print) <u>AMANDA</u>		a. (First) <u>E</u>		b. (Middle) <u>McCRAY</u>		c. (Last)	
4. DATE OF DEATH <u>NOV 26 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>1864</u>		9. AGE (In years last birthday) <u>85-10-4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Croffordville Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James Mullen</u>		13b. MOTHER'S MAIDEN NAME <u>Permelia Glastic</u>		14. NAME OF HUSBAND OR WIFE <u>James A McCray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adella B Cozter Bethany 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiovascular renal failure</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>5 yrs</u> <u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Nov 20, 1949</u> , to <u>Nov 26, 1949</u> , that I last saw the deceased alive on <u>Nov 26, 1949</u> , and that death occurred, at <u>10:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Merriam Gearhart MD</u> (Degree or title)				23b. ADDRESS <u>Bethany</u>		23c. DATE SIGNED <u>12/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>A F &amp; G, m</u>		24d. LOCATION (City, town, or county) (State) <u>Gilman City Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/1/49</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Haines</u>		ADDRESS <u>Gilman City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48



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.....

*W.D. Haines*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W.D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Wilmore, 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.