V.S. No. 300
Rev. 10.48

FILED MAR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9000

0495
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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 9yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 1815 Bird

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3. NAME OF DECEASED (Type or Print)
a. (First): Willie
b. (Middle): Etna
c. (Last): Gray

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 26, 1868
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months: 3 Days: 18 — 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: At home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Franklin
13b. MOTHER'S MAIDEN NAME: Mary Ann E. Minton
14. NAME OF HUSBAND OR WIFE: John W. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Fern Gray — ADDRESS: 1815 Bird Joplin, 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): Arteriosclerotic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 12-4-41
DUE TO (c): Fractured Right Hip — 12-4-41

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Joplin, Jasper Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 4 - 41 9:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Patient fell down the back steps.

22. *I hereby certify that I attended the deceased from* 1-15, 19 37, *to* 3-14, 19 51, *that I last saw the deceased alive on* 3-14, 1951, *and that death occurred at* 5:30p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Jr., M. D.
23b. ADDRESS: 321 Frisco Bldg., Joplin, Mo.
23c. DATE SIGNED: 3-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-16-51
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Missouri

DATE REC'D BY LOCAL REG.: 3-17-51
REGISTRAR'S SIGNATURE: [signature] James 138 By Dolores Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE: Hedge Lewis — ADDRESS: Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-22-51
Jasper County Health Office
County File Number 51-3-241
Date Filed 3-22-51

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 .....

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Leonard J. Lewis Jr

Signed .....
Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Webb City 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.