

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29511

State File No.

FILED SEP 24 1951

BIRTH NO.: _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 961

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>5 yrs 3 m 29 d</u>	c. CITY OR TOWN <u>Plattsburg</u>	d. STREET ADDRESS <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. STREET ADDRESS <u>1</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SIDNEY</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>GREY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-12-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-4-1872</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traveling man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jefferson Grey</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Blue</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clinton County Court - Plattsburg, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, heart disease with hypertensive cardio-vascular disease of the great circulation.</u>		<u>6 years</u>	
DUE TO (c) <u>Chronic alcoholism</u>			<u>Psychosis</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-31-1947, to 9-12-1951, that I last saw the deceased alive on 9-11-1951, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Marroway</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2 St. Joseph Mo.</u>	23c. DATE SIGNED <u>9-12-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/14/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 15, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casey</u>	496	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Lynn</u>	ADDRESS <u>Plattsburg Mo</u>
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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.

Signed Daniel D. Lyon

Signed _____
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Phattsburg 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.