

STANDARD CERTIFICATE OF DEATH

State File No. **31070**

FILED OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **497**

1. PLACE OF DEATH a. COUNTY PHILLIPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba	
c. LENGTH OF STAY (in this place) 24 hours		d. STREET ADDRESS (If rural, give location) Old Grand Hotel Bldg	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home of Mary Askins			

3. NAME OF DECEASED (Type or Print) ANNA	a. (First) A.	b. (Middle) G.	c. (Last) GRAY	4. DATE OF DEATH (Month) (Day) (Year) 9-22-51
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-27-1881	9. AGE (In years last birthday) Months Days Hours Min. 70 5 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DA. PENSIONER	10b. KIND OF BUSINESS OR INDUSTRY DA. PENSIONER	11. BIRTHPLACE (State or foreign country) Houston, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LOW Gentry	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE J.W. Gray (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mae Gray ADDRESS Cuba, Mo.
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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) Pulmonary Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute cerebral failure on heart DUE TO (c) Generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500
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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 _____
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22. I hereby certify that I attended the deceased from **Sept 22, 1951**, to **Sept 22, 1951**, that I last saw the deceased alive on **Sept 22, 1951**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James D. Bitts M.D.	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED Sept 22 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-51	24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery	24d. LOCATION (City, town, or county) (State) Cuba, Crawford, Mo.
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DATE REC'D BY LOCAL REG. Sept 24, 51	REGISTRAR'S SIGNATURE Cora E. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Shand ADDRESS Cuba, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 9 1951

OCT 3 1951

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 _____

Paul A. Shanklin

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Paul A. Shanklin*
Licensed Embalmer No. *3472*
P. O. Address *Cuba, 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.