

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40530

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Grant City</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Grant City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) <b>John</b>		a. (First) <b>John</b>		b. (Middle) <b>Plinn</b>		c. (Last) <b>Moutray</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>10 31 1951</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>6 10 1876</b>		9. AGE (In years last birthday) <b>75</b>		10. MONTHS <b>4</b>		11. DAYS <b>21</b>	
12. IF UNDER 1 YEAR <b>21</b>		13. IF UNDER 1 HOUR <b>21</b>		14. IF UNDER 1 MIN. <b>21</b>		15. BIRTHPLACE (State or foreign country) <b>Hancock County, Illinois</b>	
16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		17. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		18. 10b. KIND OF BUSINESS OR INDUSTRY <b>farming-self</b>		19. 11. BIRTHPLACE (State or foreign country) <b>Hancock County, Illinois</b>	
20. 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		21. 13a. FATHER'S NAME <b>David R. Moutray</b>		22. 13b. MOTHER'S MAIDEN NAME <b>Georgiann Thomas</b>		23. 14. NAME OF HUSBAND OR WIFE <b>Pearl Moutray</b>	
24. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		25. 16. SOCIAL SECURITY NO. <b>none</b>		26. 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Goldie Hiner</b>		27. ADDRESS <b>Grant City, Mo.</b>	
28. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		29. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  30. 19a. DATE OF OPERATION _____ 31. 19b. MAJOR FINDINGS OF OPERATION <b>332X</b>				32. INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>10 years</b>	
33. 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		34. 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		35. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		36. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
37. 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		38. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		39. 21f. HOW DID INJURY OCCUR? _____		40. 23. DATE SIGNED <b>11-2-51</b>	
41. 22. I hereby certify that I attended the deceased from _____, 19 <b>47</b> , to <b>10-31</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-30</b> , 19 <b>51</b> , and that death occurred at <b>5:00 p.m.</b> , from the causes and on the date stated above.				42. 23a. SIGNATURE <b>Frank B. Matteson</b> (Degree or title) <b>Und</b>		43. 23b. ADDRESS <b>Grant City, Mo.</b>	
44. 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		45. 24b. DATE <b>11 3 1951</b>		46. 24c. NAME OF CEMETERY OR CREMATORY <b>Fletcher Cemetery</b>		47. 24d. LOCATION (City, town, or county) (State) <b>Grant City, Mo.</b>	
48. DATE REC'D BY LOCAL REG. <b>Nov. 11, 1951</b>		49. REGISTRAR'S SIGNATURE <b>Reta E. Dawson</b>		50. 25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank C. Dwyer</b>		51. ADDRESS <b>Grant City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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\_\_\_\_\_

*Arch C. Dangle*

Licensed Embalmer No. 3252

P. O. Address\_\_\_\_\_

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.