No. 300 FILED MAR 24 1952
10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11751

State File No.

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4017 Registrar's No. 24

60

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs Comm. Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson 1060
d. STREET ADDRESS (If rural, give location): Mo O

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

4. DATE OF DEATH (Month) (Day) (Year): 3 - 17 52

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 3 - 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Asst Office
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Troer - Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Gray
13b. MOTHER'S MAIDEN NAME: Martha J Ross
14. NAME OF HUSBAND OR WIFE: Josephine Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 707-05-1611
17. INFORMANT'S SIGNATURE OR NAME: Josephine Gray — ADDRESS: Branson 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): Myocardial Failure.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of Sigmoid
with
DUE TO (c): Metastasis in bladder.

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 3/4/52 3/17/52
19b. MAJOR FINDINGS OF OPERATION: Large Carcinoma sigmoid Nodules in bladder wall.
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* Feb. 11, 1952, *to* March 17, 1952, *that I last saw the deceased alive on* 3-17, 1952, *and that death occurred at* 7 15 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J C Bunten
23b. ADDRESS: Branson, Mo
23c. DATE SIGNED: 3/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-18-52
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Cedar Rapids Iowa

DATE REC'D BY LOCAL REG.: Mar. 19-1952
REGISTRAR'S SIGNATURE: S. E. Cogswell 376-0
25. FUNERAL DIRECTOR'S SIGNATURE: Whelchel Funeral Home — ADDRESS: Branson Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Minnie L Whitehead

Signed.....
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Branson M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.