F.S. No. 300
REV. 10-48

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

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12301

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5229 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Polk Twp
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi N. of Strasburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville 0191
d. STREET ADDRESS (If rural, give location): 701 So Independence Ave

3. NAME OF DECEASED (Type or Print)
a. (First): JULIA
b. (Middle): KATHRINE
c. (Last): GRAY

4. DATE OF DEATH (Month) Apr (Day) 26 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 25-1852
9. AGE (In years last birthday): 95 | 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roane Co Tennessee
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Jerry Chamberlain
13b. MOTHER'S MAIDEN NAME: Martha Widors
14. NAME OF HUSBAND OR WIFE: P. H. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: J H Gray Harrisonville 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) Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: About 7 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza
DUE TO (c)

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: 490 X
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?:

22. *I hereby certify that I attended the deceased from* Apr. 23, 1952, *to* Apr 26, 1952, *that I last saw the deceased alive on* Apr 26, 1952, *and that death occurred at* 5.50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm Beckman, (Degree or title) M.D.
23b. ADDRESS: Strasburg Mo
23c. DATE SIGNED: 4/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 28-1952
24c. NAME OF CEMETERY OR CREMATORY: Grand Cemetery
24d. LOCATION (City, town, or county) (State): Harrisonville Mo

DATE REC'D BY LOCAL REG.: April 28, 1952
REGISTRAR'S SIGNATURE: Nora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Rohrenburg's Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 3 1952
CASS COUNTY
HEALTH DEPARTMENT

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 Ernest R Cunningham

Licensed Embalmer, No. 3368

P. O. Address Harrisonville, M

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.