

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17514

FILED MAY 28 1952

BIRTH NO. _____ REG. DIST. NO. 29c PRIMARY REG. DIST. NO. 6-964 Registrar's No. 45-

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u> <u>0830</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH MOR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH MOR</u> <u>0830</u>	
c. LENGTH OF STAY (in this place) <u>1 WK</u>		d. STREET ADDRESS (If rural, give location) <u>RT 3 PARKVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT 3 PARKVILLE</u>			
3. NAME OF DECEASED (Type or Print) <u>Sheri</u>		a. (First) <u>IRENE</u>	
		b. (Middle) <u>GRAYSON</u>	
		c. (Last) <u>GRAYSON</u>	
4. DATE OF DEATH <u>MAY 22 1952</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 27, 1950</u>		9. AGE (In years last birthday) <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MUSKOGEE, OKLA.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>GERALD D. GRAYSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA MAE MACASSLIN</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>George T. McClure</u> ADDRESS <u>RT 3-PARKVILLE</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Choking D.O.A.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9290</u> <u>22</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>083</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Northmor Platte MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Child fell in out door Toilet</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>2025 Summit Parkway</u>	
23c. DATE SIGNED <u>5/22/52</u>		24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	
24b. DATE <u>5-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STOFFLEBEAN F.H.</u>	
24d. LOCATION (City, town, or county) (State) <u>PAULS VALLEY OKLA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons N.H.C.</u> ADDRESS	
DATE/REC'D BY LOCAL REG. <u>May 22-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>257</u>	

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.....
Student Embalmer

Signed

John Virgil Ferris, Jr.

Licensed Embalmer No. *4848*

P. O. Address *832 Monroe Rd, N.A.*

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.