No. 300
10-48

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28424

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY Jackson 0480
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oak Grove
c. LENGTH OF STAY (in this place) 50 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oak Grove 0480
d. STREET ADDRESS (If rural, give location)

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

4. DATE OF DEATH (Month) (Day) (Year) Aug. 22. 1952

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan-17-1873
9. AGE (In years last birthday) 79 | 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Douglass Co Kan
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas McGee
13b. MOTHER'S MAIDEN NAME Rebecca Pucket
14. NAME OF HUSBAND OR WIFE S.A. Gray

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. none
17. INFORMANT'S SIGNATURE OR NAME S.A. Gray ADDRESS Oak Grove 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) Carcinoma of intestinal tract — INTERVAL BETWEEN ONSET AND DEATH 18 mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Carcinoma of Ascending colon — 18 mos

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 153X

19a. DATE OF OPERATION Feb. 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma of intestinal tract, metastases to all abdominal viscera
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NK
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* Feb. 1, 1951 *to* Aug. 22, 1952, *that I last saw the deceased alive on* Aug. 20, 1952, *and that death occurred at* 12:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE O. Leston MD (Degree or title)
23b. ADDRESS Oak Grove Mo.
23c. DATE SIGNED 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug-24-1952
24c. NAME OF CEMETERY OR CREMATORY Oak Grove
24d. LOCATION (City, town, or county) (State) Oak Grove Mo

DATE REC'D BY LOCAL REG. 8-23-52
REGISTRAR'S SIGNATURE Donald C. Earnshaw 378-0
25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home ADDRESS Oak Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 21 1953

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.