

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1952  
BIRTH NO. ....

REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>2 1/2 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>169 So. Miami</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>169 So. Miami St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Harvey</b> c. (Last) <b>Gray</b>			4. DATE OF DEATH (Month) - (Day) (Year) <b>August 17 1952</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>June 9-1890</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR: Months <b>1</b> Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Work</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Gilliam, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John H. Gray</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth J. Epperson</b>		14. NAME OF HUSBAND OR WIFE <b>Jessie Man Fizer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-10-9081</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Charles W. Walker - Marshall, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cocainism of throat.</b>				INTERVAL BETWEEN ONSET AND DEATH
		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>148X</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 1952**, to **Aug 17, 1952**; that I last saw the deceased alive on **Aug 16, 1952**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John R. Lawrence, M.D.</b>		23b. ADDRESS <b>Marshall, Mo</b>		23c. DATE SIGNED <b>Aug 18-52</b>	
--	--	----------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/19/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem. Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>Aug. 19-1952</b>		REGISTRAR'S SIGNATURE <b>Widney J. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>J. Leslie Surrency - Marshall, Mo.</b>	
--	--	---	--	--	--

(Licensee/Embalmer's Statement on Reverse Side)

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

AUG 25 1937

AUG 27 1937

**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 J. Lealie Susung

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.