

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35926

State File No.

210 55

DUCE 23 1952

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>PHelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St James Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ARLINGTON</u>	
c. LENGTH OF STAY (in this place) <u>4 mos</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Federal Soldiers Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>		b. (Middle) <u>A.</u>	c. (Last) <u>GRAY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 1952</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. DOWED</u>	8. DATE OF BIRTH <u>APRIL 9-1865</u>
9. AGE (in years last birthday) <u>87</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pulaski Co - Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Alfred A. Pickering</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>	14. NAME OF HUSBAND OR WIFE <u>Charles C. Gray</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clara R. Dickerson</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Granular Neumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Rheumatoid Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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)		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 <u>Aug 12, 1952</u> , to <u>Oct 15, 1952</u> , that I last saw the deceased alive on <u>Oct 15, 1952</u> , and that death occurred at <u>9:00 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter L. Burt</u>		23b. ADDRESS <u>St. James, MO</u>	23c. DATE SIGNED <u>10/15/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 19-1952</u>	24c. NAME OF CEMETERY OR CREMATOR <u>CROCKER Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CROCKER Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct 15, 1952</u>	REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home Crocker MO</u>	

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

County File Number _____
Date Filed 10-18-52

NOV 17 1952

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 Clarence Jones

Licensed Embalmer No. 4896

P. O. Address Waynesville, Missouri

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.