

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37874**
Registrar's No. **393**

FILED DEC 1 1952

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 393	
1. PLACE OF DEATH a. COUNTY Calloway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Calloway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (In this place) 1-10-17		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millersburg 0140		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 1				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) LENA			b. (Middle)			c. (Last) McCRAY	
4. DATE OF DEATH (Month) (Day) (Year) NOV 25 1952		5. SEX f		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 7 1878		9. AGE (In years last birthday) 74		10. MONTHS 5		11. DAYS 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Millersburg Mo		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME DH Jacobs		13b. MOTHER'S MAIDEN NAME Gertrude Selby		14. NAME OF HUSBAND OR WIFE E.A. McCray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital Fulton			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 10-17, 1952 , to 11-25, 1952 , that I last saw the deceased alive on 11-27, 1952 , and that death occurred at 6:45 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Howler M.D. M.D.				23b. ADDRESS Fulton Mo State Hosp		23c. DATE SIGNED 11-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Millersburg Baptist		24d. LOCATION (City, town, or county) (State) Millersburg Missouri	
DATE REC'D BY LOCAL REG. Nov 29-1952		REGISTRAR'S SIGNATURE Maritta Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Mempin Funeral Home		ADDRESS Fulton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1143
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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. J. Ross
Licensed Embalmer No. 2555

P. O. Address Phillips 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.