

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

031334698

FILED MAY 13 1953

BIRTH NO.

REG. DIST. NO. 156

PRIMARY REG. DIST. NO. 2001

Registrar's No. 214

1. PLACE OF DEATH

a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
d. STREET ADDRESS (If rural, give location) 1815 Bird

3. NAME OF DECEASED

a. (First) JOHN b. (Middle) WESLEY c. (Last) CRAY

4. DATE OF DEATH (Month) (Day) (Year) April 12, 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 2, 1866

9. AGE (In years last birthday)

86 Months 7 Days 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Building Contractor

11. BIRTHPLACE (State or foreign country)

Masonville, Iowa

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Ira Gray

13b. MOTHER'S MAIDEN NAME

Eliza Howard

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)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Miss Fern Gray Joplin, Missouri

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) Arteriosclerotic Heart Disease

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.

INTERVAL BETWEEN ONSET AND DEATH

2-26-53

4-12-53

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4200

20. AUTOPSY?

YES NO

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)

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 2-26-53, 1953, to 4-12, 1953, that I last saw the deceased alive on 4-12-53, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

[Signature]

321 Frisco Bldg. Joplin, Mo. 5/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial 4-14-53

Park Cemetery

Carthage, Missouri

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

5-7-53

[Signature]

Hedge Lewis Webb City, Missouri

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

495

0495

RECEIVED 5-12-53
Jasper County Health Office

County File Number 53-5-399

Date Filed 5-12-53

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 Leon J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.