

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43561

FILED JAN 11 1954

5700 State File No. 2-7

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2470 Registrar's No. 2-7

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grandriver Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grandriver Township	
c. LENGTH OF STAY (In this place) 10 years		d. STREET ADDRESS (If rural, give location) 1 mile south of Bedford	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mile south of Bedford			

3. NAME OF DECEASED (Type or Print) a. (First) Berrymore b. (Middle) Gray c. (Last) Gray			4. DATE OF DEATH (Month) (Day) (Year) December 23, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH January 20, 1909	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Allen Gray	13b. MOTHER'S MAIDEN NAME Mary Rose Hamilton	14. NAME OF HUSBAND OR WIFE Ruth Walker Gray
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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. None	17. INFORMANT'S SIGNATURE OR NAME Allen Gray; Chillicothe, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation from smoke		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E9160 DUE TO (c) 16		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Body practically burned up in fire		none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Burning Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bedford, Livingston, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 23 53 6:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Returned into burning house & did not come out
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22. I hereby certify that I attended the deceased from none, 19, to 0, 19, that I last saw the deceased alive on, 19, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Conrad (Coroner) M.D.	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED Jan 2-54
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-53	24c. NAME OF CEMETERY OR CREMATORY Avalon	24d. LOCATION (City, town, or county) (State) Avalon Mo
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DATE REC'D BY LOCAL REG. Jan-4-54	REGISTRAR'S SIGNATURE Francis B. Nellis	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed Elton J. Norman.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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.