

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1704**

FILED FEB 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (in this place) <b>4 DAYS</b>	c. CITY OR TOWN <b>CARL JUNCTION</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>403 S. MAIN</b> <b>0490</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b> b. (Middle) <b>E.</b> c. (Last) <b>GRAY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 24, 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY 3, 1866</b>	9. AGE (In years last birthday) <b>87</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ROCK ISLAND, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JESS GRAY</b>	13b. MOTHER'S MAIDEN NAME <b>SAREPTA SIBLEY</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ADELAIDE GREEN, CARL JUNCTION, MO.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute congestive heart failure.</b>		1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Arteriosclerotic heart disease.</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>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1-2, 1954, to 1-24, 1954, that I last saw the deceased alive on 1-24, 1954, and that death occurred at 8:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. W. Ferguson, M.D.</i>	23b. ADDRESS <b>Webb City, Missouri</b>	23c. DATE SIGNED <b>1-25-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>1-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CHIPPIANOOK</b>	24d. LOCATION (City, town, or county) (State) <b>ROCK ISLAND, ILLINOIS</b>
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DATE REC'D BY LOCAL REG. <b>1-27-54</b>	REGISTRAR'S SIGNATURE <i>Ed. S. Langer</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 1 1954  
Jasper County Health Office  
County File Number 54-2-85  
Date Filed FEB 1 1954

MAY 8 1958  
MAY 8 1958

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.....  
Signature of Student Embalmer

Signed F. M. Jones  
Licensed Embalmer No. 231

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.