

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11478

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5228 Registrar's No. 66

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

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill Twp		c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill Twp 0190	
c. LENGTH OF STAY (in this place) 29 yrs		d. STREET ADDRESS (If rural, give location) 2 mi. E. of Pleasant Hill, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. E. of Pleasant Hill, Mo		d. STREET ADDRESS (If rural, give location) 2 mi. E. of Pleasant Hill, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) MAY c. (Last) GRAY	4. DATE OF DEATH (Month) (Day) (Year) April 19 '54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 12, 1902	9. AGE (In years last birthday) 51 IF UNDER 1 YEAR (Month) (Day) 8 7 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Greenwood, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Carpenter	13b. MOTHER'S MAIDEN NAME Nora White	14. NAME OF HUSBAND OR WIFE John E. Gray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John E. Gray	ADDRESS Pleasant Hill, Mo
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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 4 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) cardiac block		
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 4222	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) (Min.)	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 **Jan**, 19**54**, to **April 19**, 19**54**, that I last saw the deceased alive on **April 19**, 19**54**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE Edward Janda	(Degree or title) Dr.	23b. ADDRESS Pleasant Hill, Mo	23c. DATE SIGNED 4/20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Apr 22, 1954	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.
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DATE REC'D BY LOCAL REG. Apr 22, 1954	REGISTRAR'S SIGNATURE Dora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE Allen Barnard	ADDRESS Pleasant Hill, Mo
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(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

APR 24 1954

CASS COUNTY
HEALTH DEPARTMENT

APR 29 1954

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 A. D. Gibson

Licensed Embalmer No. 4871

P. O. Address Pleasant Hill, 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.