

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

16762

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 2381		Registrar's No. 136	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) Hopkins		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY OR TOWN Hopkins		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				e. STREET ADDRESS (If rural, give location) 0740			
3. NAME OF DECEASED (Type or Print) a. (First) Carrie		b. (Middle) Liza		c. (Last) Gray		4. DATE OF DEATH (Month) (Day) (Year) May 16, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 10, 1861	
9. AGE (In years last birthday) 92		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) Buffalo, New York	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gilbert Pierce		13b. MOTHER'S MAIDEN NAME Jane Mallery		14. NAME OF HUSBAND OR WIFE Willis Gray	
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 ADDRESS Mrs Pete Peve, Hopkins, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> INTERVAL BETWEEN ONSET AND DEATH 10 yrs  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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 794X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 3/1 1954 to 5/16 1954, that I last saw the deceased alive on 5/16, 1954, and that death occurred at 6:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. W. Terrell, M.D.				23b. ADDRESS Hopkins		23c. DATE SIGNED 5/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 19, 1954		24c. NAME OF CEMETERY OR CREMATORY Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins, Mo.	
DATE REC'D BY LOCAL REG. 5-29-54		REGISTRAR'S SIGNATURE Gess Holt		25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson		ADDRESS Hopkins, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ..... **Myself** ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Stanley Swanson*.....

Licensed Embalmer No.. 3963

P. O. Address Hopkins, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.