

No. 300
10. 48

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37115

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5455 Registrar's No. 1078

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" East Republic 5 Yrs.		c. CITY OR TOWN Rt. 1, Republic	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		e. STREET ADDRESS (If rural, give location) "Rural" East Republic	

3. NAME OF DECEASED (Type or Print) LAURA VESTA GRAY			4. DATE OF DEATH Nov. 27, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 19, 1897		9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months Days	
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) Christian Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Barney W. Davis		13b. MOTHER'S MAIDEN NAME Harriet H. O'Dell		14. NAME OF HUSBAND OR WIFE William J. Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME William J. Gray, Republic, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Pancreas			unknown
		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. 157X			

19a. DATE OF OPERATION 8/7/54		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Tail of Pancreas			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)		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 **8/6**, 19**54**, to **8/27**, 19**54**, that I last saw the deceased alive on **8/27**, 19**54**, and that death occurred at **7:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Allen M.D. (Degree or title)		23b. ADDRESS Springfield Mo 500 Holland Bldg.		23c. DATE SIGNED 11/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30-'54		24c. NAME OF CEMETERY OR CREMATORY White Chapel Cem.	
				24d. LOCATION (City, town, or county) (State) Springfield, Missouri	

DATE REC'D BY LOCAL REG. 11-30-54		REGISTRAR'S SIGNATURE Erith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris ADDRESS Clever, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed..... *John Dean Harris*

Licensed Embalmer No... *439*

P. O. Address... *Claver, S.C.*

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.