

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37791**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Webb City)		c. CITY OR TOWN Webb City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Yr.		STREET ADDRESS (If rural, give location) 1329 West Crow St. 0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1329 West Crow St.			

3. NAME OF DECEASED (Type or Print)	a. (First) May	b. (Middle) Belle	c. (Last) Graybeal	4. DATE OF DEATH (Month) (Day) (Year) 2, 1954
-------------------------------------	-----------------------	--------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 Year Months 6 Days 8	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	--------------------------------------	---	---	---

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 County, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE A.J. Graybeal
-----------------------------------	--	--

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.	17. INFORMANT'S SIGNATURE OR NAME A.J. Graybeal	ADDRESS 1329 W. Crow St. Webb City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arricular flutter		INTERVAL BETWEEN ONSET AND DEATH 7 wks 6 MO.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic myocardium		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. congestive failure - osteoporosis of spine		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	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) (Min.)	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 6-14, 1954, to 12-2, 1954, that I last saw the deceased alive on 12-2, 1954 and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE M.D. [Signature]	(Degree or title) M.D.	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 12-4-54
--	-------------------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-6-54	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cem.	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 12-4-54	REGISTRAR'S SIGNATURE 474 Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City, Mo.
---	--	--	-------------------------------

WRITE PLAINLY—USE 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 *Playton M. Johnston*

Licensed Embalmer No. *4*

P. O. Address *West City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.