

FILED FEB 1 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **44373**

BIRTH NO. _____		REG. DIST. NO. <b>374</b>		PRIMARY REG. DIST. NO. <b>4347</b>		Registrar's No. <b>8</b>	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		<b>1130</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pearl</b> b. (Middle) _____ c. (Last) <b>Moutray</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 26, 1954</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 25, 1881</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 28 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Grant City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>Charles Mathews</b>		13b. MOTHER'S MAIDEN NAME <b>Ollie Leonard</b>		14. NAME OF HUSBAND OR WIFE <b>John Plin Moutray</b>			
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. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Goldie Hiner - Grant City, Missouri</b>				
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.	MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3yrs</b>						
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. <b>Rheumatoid Arthritis, severe</b>	<b>50yrs</b>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>						
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 <b>Oct 11, 1948</b> to <b>Dec 26, 1954</b> , that I last saw the deceased alive on <b>Dec 23, 1954</b> , and that death occurred at <b>2:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank B. Mathews MD</b>				23b. ADDRESS <b>Grant City, Mo</b>		23c. DATE SIGNED <b>12-28-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-28-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fletcher Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Worth County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>1-26-1955</b>	REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>		345-1	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill A. Dunfee</b>		ADDRESS <b>Grant City, Mo.</b>	
(Licensed Embalmer's Statement on Reverse Side)							

**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 Bill A. Perry

Licensed Embalmer No. 4908

P. O. Address Grant City

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.