

No. 300
 10.48
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2036

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4410</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> <u>5</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY OR TOWN <u>St. James</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY OR TOWN <u>St. James</u> <u>0810</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Federal Soldiers Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>Matilda Jane</u> (Type or Print)			b. (Middle) <u>Grayson</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 - 1955</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Apr 7 - 1873</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Phelps County Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>James Preston Woolsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Turner</u>		14. NAME OF HUSBAND OR WIFE <u>(deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellis Grayson</u> ADDRESS _____			
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 <u>Cardio-Vascular-renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11</u> <u>11</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>442X</u>			
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 <u>Jan 16, 1955</u> , to <u>Jan 16, 1955</u> , that I last saw the deceased alive on <u>Jan 15, 1955</u> , and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ruth B. Powell</u> (Degree or title) _____				23b. ADDRESS <u>St. James, Mo</u>		23c. DATE SIGNED <u>1-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>Jan 18 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beaver</u>		24d. LOCATION (City, town, or county) (State) <u>Vida Mo (Phelps)</u>	
DATE REC'D BY LOCAL REG. <u>1-20-1955</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> <u>479</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo</u>			

County _____
Date Filed 1-24-53

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Lee Johnson*

Signed.....
Student Embalmer

Licensed Embalmer No. 2092

P. O. Address Newburg 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.