

FILED APR 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8544

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 121

1. PLACE OF DEATH
 a. COUNTY JASPER
 b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN
 c. LENGTH OF STAY (in this place) 1 1/2 HRS
 d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY JASPER
 c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495
 d. STREET ADDRESS (If rural, give location) 801 WEST 1ST STREET

3. NAME OF DECEASED (Type or Print)
 a. (First) D. b. (Middle) RAY c. (Last) GRAYSTON
 4. DATE OF DEATH (Month) (Day) (Year) MARCH 23, 1955

5. SEX M 0 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH OCT. 1, 1897
 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY INSPECTOR 10b. KIND OF BUSINESS OR INDUSTRY BUILDING 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE J. GRAYSTON 13b. MOTHER'S MAIDEN NAME MINNIE ROBERTS 14. NAME OF HUSBAND OR WIFE PAULINE JACKSON GRAYSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS PAULINE GRAYSTON, 801 W. 1ST ST.

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) Coronary occlusion with heart block
 ANTECEDENT CAUSES 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.
 INTERVAL BETWEEN ONSET AND DEATH One hour & 10 min.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) JOPLIN (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-23-55, 1955, to 3-23-55, 1955, that I last saw the deceased alive on 3-23-55, 1955, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. R. Kuhn, Jr., M.D. (Degree or title) 23b. ADDRESS 321 Frisco Building, Joplin, Missouri 23c. DATE SIGNED 3-25-55

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL 24b. DATE 3-26-55 24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY 24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI

DATE REC'D BY LOCAL REG. 3-28-55 REGISTRAR'S SIGNATURE Steve Parker 138 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

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

