

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35877**  
Registrar's No. **226**

BIRTH NO. _____		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>3002</b>		REGISTRAR'S NO. <b>226</b>	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>		c. CITY OR TOWN <b>Mexico</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>				STREET ADDRESS (If rural, give location) <b>602 East Breckenridge</b> <b>0043</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eugene</b>		b. (Middle)		c. (Last) <b>Gray</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 28, 1884</b>	
9. AGE (In years last birthday) <b>71</b>		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) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joe Gray</b>		13b. MOTHER'S MAIDEN NAME <b>Marjorie Baker</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Mayme Gray</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>491-05-6324</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mayme Gray</b>		ADDRESS <b>Mexico, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of tongue</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>141X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b> <b>8 mos</b>	
19a. DATE OF OPERATION <b>8/10/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of tongue with metastases</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, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <b>Nov 23, 1955</b> , that I last saw the deceased alive on <b>Nov 23, 1955</b> , and that death occurred at <b>10:40 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Benjamin G. Kelly MD</b> (Degree or title)				23b. ADDRESS <b>112 N. Clark Mexico, Mo.</b>		23c. DATE SIGNED <b>11/23/55</b>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-25-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-28-1955</b>		REGISTRAR'S SIGNATURE <b>Blanche Kelly</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b>		ADDRESS <b>Mexico, Mo.</b>	

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

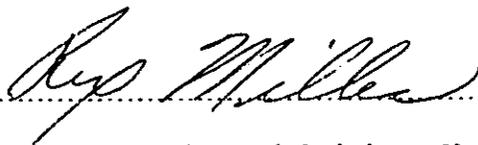
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 44

P. O. Address. Mead

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.