

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8632

State File No. ....

BIRTH NO. .... REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Campbell</u>		c. CITY OR TOWN <u>Lilbourn</u>		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) <u>6 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0-720</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>General Baptist Rest Home</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lizzie</u>		b. (Middle) <u>Gray</u>	
c. (Last) <u>Gray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 29 1863</u>		9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
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>Agnes Gray - Cape Girardeau, Mo. R.</u>	
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>(a) Arteriosclerotic Hypertensive</u> ANTECEDENT CAUSES <u>Cardio-Vascular disease -</u> Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH <u>7</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>443-X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>8/23</u> , 19 <u>55</u> , to <u>3/10</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wallace Selsey M.D.</u>		23b. ADDRESS <u>Campbell Mo.</u>		23c. DATE SIGNED <u>3/20/56.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>#-20-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home - Lilbourn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/22/56</u>		REGISTRAR'S SIGNATURE <u>Miss Dulce Campbell</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-26-56

COUNTY FILE NUMBER 356-92

APR 10 1956

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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address Tilbourn

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.