

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15364

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>4536</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>		c. LENGTH OF STAY (In this place) <u>20 1/2 yrs</u>		c. CITY OR TOWN <u>Potosi</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 Upper St.</u>				e. STREET ADDRESS (If rural, give location) <u>405 Upper St.</u> 1100					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rease</u>			b. (Middle)		c. (Last) <u>Gray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 5 1866</u>		9. AGE (In years) (Month) (Day) (Year) <u>88 10 6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not Employed</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Gray</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Gray</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Rosalie Hagg</u> ADDRESS <u>St. Louis Mo</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* (a) <u>Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Influenza</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis -</u>				INTERVAL BETWEEN ONSET AND DEATH	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			
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>3-16</u> , 1956, to <u>4-11</u> , 1956, that I last saw the deceased alive on <u>4-6</u> , 1956, and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph L. Thuman, M.D.</u>					23b. ADDRESS <u>Potosi, Mo.</u>			23c. DATE SIGNED <u>4-13-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colored Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-16-56</u>		REGISTRAR'S SIGNATURE <u>Mac Burgess, Deputy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>Potosi Mo.</u>				

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

RECEIVED

APR 18

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *[Handwritten Signature]*.....

Licensed Embalmer No. *4236*.....

P. O. Address *[Handwritten Address]*.....

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.