

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15715

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>5147</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell 0130</u>			
b. CITY OR TOWN <u>Rural -- Fairview</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural Fairview</u>		d. STREET ADDRESS (If rural, give location) <u>Braymer, Mo. R.F.D. No 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Braymer, Mo. R.F.D. No 2</u>			
3. NAME OF DECEASED (Type or Print) <u>Esther</u>		a. (First) _____		b. (Middle) <u>Eley</u>		c. (Last) <u>Gray</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5 5 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>12-25-1866</u>		9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Derbyshire England 4</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Carrington</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Eley</u>		14. NAME OF HUSBAND OR WIFE <u>John Gray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katherine Clayton, Braymer, 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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> <u>many years</u> <u>many years</u> <u>Several years</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>4221</u>		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Jan. 10, 1951</u> , to <u>May 5, 1956</u> , that I last saw the deceased alive on <u>May 3, 1956</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. E. Goldberg M.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>5/8/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Dr. Ruth Ann Jungart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cramer Clark, Kingston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1958

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.....

*Carmen Clark*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3257*

P. O. Address *Kingston, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.