

FILED JUN 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3046  
State File No. 21254

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 234 Registrar's No. 43

1. PLACE OF DEATH  
a. COUNTY Moniteau

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Missouri  
b. COUNTY Moniteau

b. CITY (If outside corporate limits, give RURAL and give township)  
California

c. CITY OR TOWN Tipton  
d. Is Residence within limits of a city or incorporated town?  
Yes  No

c. LENGTH OF STAY (in this place)  
30 days

e. STREET ADDRESS (If rural, give location)  
c/o City Hotel

3. NAME OF DECEASED  
a. (First) Nellie  
b. (Middle) Gray  
c. (Last) Edwards

4. DATE OF DEATH June, 3rd, 1956  
(Month) (Day) (Year)

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH July, 6th, 1885

9. AGE (In years last birthday) 70  
If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Operated City Hotel

10b. KIND OF BUSINESS OR INDUSTRY  
Hotel

11. BIRTHPLACE (City and State or Foreign Country) Lupus, Cooper County, Mo

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
John Gray

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE  
A.C. Edwards (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Gebe Edwards, Tipton, Missouri

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Ventricular failure INTERVAL BETWEEN ONSET AND DEATH none  
ANTECEDENT CAUSES  
DUE TO (b) Coronary Sclerosis unknown  
DUE TO (c) Hypertensive Cardiovascular Syndrome unknown  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
4201

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) (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 Nov 15, 1955 to JUNE 3, 1956 that I last saw the deceased alive on JUNE 23, 1956 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Ralph De Cicco Jr

23b. ADDRESS  
Tipton, Mo

23c. DATE SIGNED  
6-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
June 4, 1956

24c. NAME OF CEMETERY OR CREMATOR  
Masonic Cemetery

24d. LOCATION (City, town, or county) (State)  
Tipton, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
6/8-56 H.K. Popejoy

FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
James E. Richards Tipton, Mo

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

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 *Jemelle E. Richman*

Licensed Embalmer No. *246*

P. O. Address *Lipton*

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.