FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29972

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 472

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUCYLEE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: STODDARD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-NEW LISBON
d. STREET ADDRESS (If rural, give location): 1 Mi. SOUTH OF KINDER

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): C
c. (Last): GRAY

4. DATE OF DEATH (Month) (Day) (Year): 7-31-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3-19-1883
9. AGE (In years last birthday): 73
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): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: ____
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM GRAY
13b. MOTHER'S MAIDEN NAME: ETTA SIEFORD
14. NAME OF HUSBAND OR WIFE: BETTY GRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: ____
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: BETTY GRAY PUXICO, MO

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) Thrombosis Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — 2 years
DUE TO (c) 420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — 1 month

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
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) m.: ____
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* 7-27, 1956, *to* 7-31, 1956, *that I last saw the deceased alive on* 7-31, 1956, *and that death occurred at* 12:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Gray Jr., M.D.
23b. ADDRESS: 330 N. 2nd St. Poplar Bluff Missouri
23c. DATE SIGNED: 8-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 7-31-56
24c. NAME OF CEMETERY OR CREMATORY: FAGAN
24d. LOCATION (City, town, or county) (State): STODDARD, MO.

DATE REC'D BY LOCAL REG.: 9/19/56
REGISTRAR'S SIGNATURE: D. L. McAtee
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: J. C. White Fisk, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 24 1956
BUTLER CO. HEALTH CENTER

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 .....
Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, Mo.

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

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