

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31336**

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, write RURAL and give township) CHILLICOTHE		c. CITY OR TOWN RURAL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 HR.		e. STREET ADDRESS (If rural, give location) 4 MI. NE BRECKENRIDGE, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHILLICOTHE HOSPITAL			

3. NAME OF DECEASED (Type or Print) JOHN ALLEN GRAY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8/30/1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/19/1873	9. AGE (In years last birthday) 83 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 11 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) BRECKENRIDGE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS GRAY	13b. MOTHER'S MAIDEN NAME MALISSA STANLEY	14. NAME OF HUSBAND OR WIFE NANCY K. GRAY
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 TOMMY GRAY, BRECKENRIDGE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Emphysema DUE TO (c) Bronchitis		7 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5020	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)	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 Aug. 30, 1956, to Aug. 30, 1956 that I last saw the deceased alive on Aug. 30, 1956, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank H. Fleming</i>	(Degree or title) _____	23b. ADDRESS Breckenridge, Mo.	23c. DATE SIGNED 9-2-56
24a. BURIAL/CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/2/1956	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) BRECKENRIDGE, MO.

DATE REC'D BY LOCAL REG. 9/2/56	REGISTRAR'S SIGNATURE <i>Francis B. Neill</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Genevieve Michael</i>	ADDRESS Braymer, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

171-0

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 Genele Michael

Licensed Embalmer No. 434

P. O. Address Braymer, Mo.

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.