THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1956

STATE FILE NUMBER 35168

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 386

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gray's Nursing Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Farmington — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Jennie Middle Elizabeth Last Gray
4. DATE OF DEATH Month Nov. Day 6 Year 1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 1, 1878
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 10 Days 5 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ste. Genevieve Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Newton Woods
14. MOTHER'S MAIDEN NAME Lucy Silvey
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. None
17. INFORMANT Address Hillard Gray, Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute circulatory failure — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary disease — years.
DUE TO (c) Fractured pelvis 9020 — 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell out of bed
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year Nov 2 1956
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Farmington COUNTY Mo. STATE
21. I attended the deceased from 11-6-56, to 11-6-56 and last saw her/him alive on 11-6-56
Death occurred at 3:40 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Paul R. Edgar, M.D.
22b. ADDRESS Farmington, Mo.
22c. DATE SIGNED 11-7-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 8, 1956
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.
23d. LOCATION (City, town, or county) (State) Ste. Genevieve Co., Mo.
24. FUNERAL DIRECTOR C. H. Cozean, ADDRESS Farmington, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 8, 1956
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...4

P. O. Address Farmingto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.