

FILED MAR 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3855

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Harviell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp.		d. STREET ADDRESS None (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Gray		4. DATE OF DEATH Month Feb. Day 23 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10, 1872
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ill. /
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Parks	
14. MOTHER'S MAIDEN NAME Unknown		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 John Gray, Harviell, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration and Acidosis DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma of Stomach PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 151X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION Poplar Bluff, Mo.	
21. I attended the deceased from 2-15-57 to 2-23-57 and last saw her ^{him} alive on 2-23-57 Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. SIGNATURE Marion R. Barbours, m.d. (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED Feb. 24, 1957		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 2-25-57		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
23d. LOCATION (City, town or county) (State) Poplar Bluff, Mo.		24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	
25. DATE REQD. BY LOCAL REG. 3/1/57		26. REGISTRAR'S SIGNATURE [Signature]	

RECEIVED
MAR 4 1957

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 _____
Signature of Student Embalmer

Signed *Charles E. Mungl* _____

Licensed Embalmer No. *48*

P. O. Address *Poplar B*

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.