

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43841

FILED NOV 25 1957

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>TAMM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CHARK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Forest Hills Ozark Beach</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>LuTi.e</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>La Review Rest Home</u> Length of stay in lb <u>4 mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Big Creek Township</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Eugie</u> Middle <u>Gray</u> Last <u>GRAY</u>			4. DATE OF DEATH Month <u>11</u> Day <u>16</u> Year <u>57</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-9-1899</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u> Hours <u>16</u> Min. <u>58</u>	IF UNDER 24 HRS. Hours <u>16</u> Min. <u>58</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>		11. BIRTHPLACE (City and state or country) <u>Isabella Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Hutchcock</u>			14. MOTHER'S MAIDEN NAME <u>Mary Estes</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If prev. give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ernest Gray</u> Address <u>LuTi.e Mo.</u>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive pulmonary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Paralysis</u> DUE TO (c) <u>Spinal block</u>			INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>					

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.) <u>323</u>		
20c. TIME OF INJURY Hour <u>11:00</u> Month <u>11</u> Day <u>16</u> Year <u>57</u> a. m. <u>AM</u> 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 7-16-57 to 11-16-57 and last saw her alive on 11-16-57
Death occurred at 11-16-57 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Mary King, D.O.</u> (Degree or title)	22b. ADDRESS <u>Forayle, Mo.</u>	22c. DATE SIGNED <u>11-16-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-18-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Isabella</u>	23d. LOCATION (City, town, or county) (State) <u>Isabella Mo.</u>
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24. FUNERAL DIRECTOR <u>Linkinghead</u> ADDRESS <u>Camdenville Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11/22/57</u>	26. REGISTRAR'S SIGNATURE <u>Deleu Campbell</u>
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(Licensed Embalmer's Statement on Reverse Side)

t. Health, & Welfare S. Public Health Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 26 1957

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 *John R. Clary*.....

Licensed Embalmer No. *4883*

P. O. Address *Cambridge*

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.