RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032912

FILED VS SEP 29 1959 Registration District No. 174 Primary Registration District No. 3036 Registrar's No. ~~3034~~ 78 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Length of stay in 1b 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Higginsville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 615 West 29th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Bessye Middle Smith Last Gray

4. DATE OF DEATH Month August Day 28 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-1 3-1890 (Yesterday 13)
9. AGE (last birthday) 69 — IF UNDER 1 YEAR Months 6 Days 15 — IF UNDER 24 HR 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 Home
11. BIRTHPLACE (City and state or country) Westplains, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry E. Smith
13b. MOTHER'S MAIDEN NAME Katie Kerby #
14. NAME OF HUSBAND OR WIFE Uriah 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. none
17. INFORMANT Mrs. Earl Flesch Address Higginsville, 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) CVA — INTERVAL BETWEEN ONSET AND DEATH 48 hrs several years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 1957, to Aug. 28, 1959 and last saw her alive on Aug. 28 1959
Death occurred at 3 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Fulkerson M.D.
22b. ADDRESS Higginsville Mo.
22c. DATE SIGNED 9-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-31-1959
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) (State) Higginsville, Missouri.

24. FUNERAL DIRECTOR F. R. Hoefer ADDRESS Higginsville, Mo.
25. DATE RECD. BY LOCAL REG. Sept 15 - 59
26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. N. Hoefer

Signature of Student Embalmer

Licensed Embalmer No. 480I

P. O. Address Higginsville,

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