

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1069

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u> c. CITY OR TOWN <u>CLINTON</u>	
b. CITY OR TOWN <u>CLINTON</u>		c. CITY OR TOWN <u>CLINTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 S. WATER ST.</u>		d. STREET ADDRESS (If rural, give location) <u>308 S. WATER ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>CHLOE</u>	a. (First)	b. (Middle)	c. (Last) <u>GRAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 30, 1949</u>
--	------------	-------------	-----------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 24, 1896</u>	9. AGE (In years last birthday) <u>52</u> Months <u>10</u> Days <u>9</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>CALHOUN, MO., HENRY CO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>
----------------------	-------------------------------	---	--	--	---	--	---

13a. FATHER'S NAME <u>Governor THOMAS RANEY</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE E. WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE <u>WELLIE LOGAN GRAY</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-30-1215</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. L. Gray - Clinton MO</u>	17. ADDRESS
---	--	--	-------------

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, asthemia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestion of bowell</u> <u>Bowell obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1537	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 1943, to Jan 30, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Gray</u> (Degree or title)	23b. ADDRESS <u>2105 E. Ohio, Clinton MO</u>	23c. DATE SIGNED <u>Jan 31, 1949</u>
--	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEBRUARY 1, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u>
---	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Feb 1-49</u>	REGISTRAR'S SIGNATURE <u>R. R. Kermey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Vassant</u>	ADDRESS <u>CLINTON MO</u>
--	---	---	---------------------------

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

RECEIVED

District Health Officer No. _____

District File Number 1-49-2

Date Filed 2-1-42

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, ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

H. J. Varsant

Signed _____

Student Embalmer

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.