

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17294

State File No. ....

FILED MAY 26 1952

BIRTH NO. .... REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CALIFORNIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CALIFORNIA</b>	
c. LENGTH OF STAY (In this place) <b>8 HOURS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LATHAM HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CORA VEDA</b> b. (Middle) <b>HODGE</b> c. (Last) <b>GRAY</b>	4. DATE OF DEATH (Month) <b>MAY</b> (Day) <b>21</b> (Year) <b>1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 25, 1881</b>	9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>MONITEAU, COUNTY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>J.B. HODGE</b>	13b. MOTHER'S MAIDEN NAME <b>MISANIRE JOHNSON</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN GRAY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN GRAY, CALIFORNIA, MO.</b> ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>  <b>3 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July, 1944, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Kempson Latham M.D.</b> (Degree or title)	23b. ADDRESS <b>California, MO.</b>	23c. DATE SIGNED <b>5-23-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 23, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CALIFORNIA, MO.</b>
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DATE REC'D BY LOCAL REG. <b>5-19-52</b>	REGISTRAR'S SIGNATURE <b>H.R. Hoopes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILLIAMS FUNERAL HOME</b> ADDRESS <b>CALIFORNIA, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EXPIRED

JUL 14 1954

### 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Hugh E. Williams*

Licensed Embalmer No..... *3537*

P. O. Address

*California*

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.