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FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9495

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 42

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

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Spring Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 41/2 Mi. SW Edgar Springs Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Colorado
b. COUNTY: Denver
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver
d. STREET ADDRESS (If rural, give location): 1653 Boulder St.

3. NAME OF DECEASED (Type or Print)
a. (First): S/Sgt. W. Willie
b. (Middle): E. Elmer
c. (Last): Gray

4. DATE OF DEATH (Month) (Day) (Year): March 30 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 12, 1911
9. AGE (In years last birthday): 37 — If under 1 year: Months 11, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (State or foreign country): Mt. Sterling, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Elisha F. Gray
13b. MOTHER'S MAIDEN NAME: Laura Wallace
14. NAME OF HUSBAND OR WIFE: Anna Harriett Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): At present
16. SOCIAL SECURITY NO.: xxx
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Anna Harriett Gray-1653 Boulder St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Avulsions — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Plane Crash.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Plane crashed from an altitude of approx. 7000 Ft. Cause unknown.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Edgar Springs Mo., 081
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: U. S. Air Force Plane Crash

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* dead *on* Mar. 31, 1949, *and that death occurred at* 7:10 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner of Phelps County Mo.
23b. ADDRESS: Rolla Missouri
23c. DATE SIGNED: 3/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/5/49
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery
24d. LOCATION (City, town, or county) (State): Arapahoe Co., Colorado

DATE REC'D BY LOCAL REG.: 4-9-49
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Belleville, Ill

(Licensed Embalmer's Statement on Reverse Side)

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.

Body not embalmed.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Signed _____
Student Embalmer

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.