

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20655

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY St Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt 2		c. LENGTH OF STAY (In this place) 3 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rt #2 St Charles		d. STREET ADDRESS (If rural, give location) Rural Rt 2
d. FULL NAME OF HOSPITAL OR INSTITUTION Elm Point Road			3. NAME OF DECEASED a. (First) Earl b. (Middle) C c. (Last) Gray		
4. DATE OF DEATH June 27 1949 (Month) 27 (Day) 1949 (Year)			5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH October 9 1893		9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
10b. KIND OF BUSINESS OR INDUSTRY Aeronautics		11. BIRTHPLACE (State or foreign country) Blackwalnut Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward E Gray		13b. MOTHER'S MAIDEN NAME Anna Stonebraker		14. NAME OF HUSBAND OR WIFE Georgia Belding Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War # 1		16. SOCIAL SECURITY NO. 457-20-7862		17. INFORMANT'S SIGNATURE OR NAME Mrs Georgia Gray ADDRESS Elm Point Rd St Charles Mo	
18. CAUSE OF DEATH Enter one of the cause per the (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 4201		
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) (m.)		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 6-24 , 19 49 , to 6-29 , 19 49 , that I last saw the deceased alive on 6-29 , 19 49 and that death occurred at 3:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Earl Gray M.D.		23b. ADDRESS St. Charles Mo		23c. DATE SIGNED 6-30-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove	
24d. LOCATION (City, town, or county) (State) St Charles Mo		25. FUNERAL DIRECTOR'S SIGNATURE Francis Hamilton ADDRESS St Charles Mo			
DATE REC'D BY LOCAL REG. 7-7-49		25. FUNERAL DIRECTOR'S SIGNATURE Francis Hamilton ADDRESS St Charles Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1949

District File Number _____
District Health Officer No. 9
RECEIVED
JUL 9 1949

JUL 14 1949

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.

Signed _____

Charles J. Macke

Signed _____

Student Embalmer

Licensed Embalmer No. *4530*

P. O. Address *St. Charles*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 20655-49

State of Missouri }
County of St. Charles } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 13 day of August, 1949, before me appears
Georgia Gray, who, upon her oath, states that the original record of ~~her~~ death
for Earl C. Gray, died June 29, 1949, in the State of
Missouri, and which was filed at Jefferson City Mo. on, 19....., should be corrected as follows:

Item No. 4 should read June 29, 1949

Instead of June 27, 1949

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Georgia L. Gray Widow Relationship.

Elm Point Rd. St. Charles, Mo.
Present Address.

Subscribed and sworn to before me this 13 day of August, 1949

My Commission expires March 20, 1950 Walter H. Horst Notary Public.

35
667
...the foregoing entries will not be accepted, draw one line through error and write above it.

