No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25935

FILED AUG 5 - 1953

BIRTH NO. REG. DIST. NO. 2-93 6004 PRIMARY REG. DIST. NO. 2-9-31 Registrar's No. 6004

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saverton
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): Miss. River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 637½ 8th St 1

3. NAME OF DECEASED (Type or Print): a. (First) Gradel Ray b. (Middle) c. (Last) French

4. DATE OF DEATH: (Month) 7 (Day) (Year) 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 6-17-1944

9. AGE (In years last birthday): 9 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Hannibal Mo

12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: Warren French

13b. MOTHER'S MAIDEN NAME: Juanita Tuckett

14. NAME OF HUSBAND OR WIFE:

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 AND ADDRESS: Mrs Warren French

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Death

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: E9298 42

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.): Mississippi River

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 037 (STATE): Saverton Township, Ralls Co. Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Accidently Drowned

22. *I hereby certify that I attended the deceased from* No medical attention, 19___, *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde C. Wilkey Coroner

23b. ADDRESS: Lentner Ralls Co Mo

23c. DATE SIGNED: 8-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): B

24b. DATE: 8-30-53

24c. NAME OF CEMETERY OR CREMATORY: Robinson

24d. LOCATION (City, town, or county) (State): Hannibal Mo

DATE REC'D BY LOCAL REG.: Aug. 3-1953

REGISTRAR'S SIGNATURE: Grace Conn 470

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Geo E Roberts

(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.

Student .....
Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No 2113

P. O. Address Hannibal 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.