

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 64

FILED FEB 10 1954

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 32

0040

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

1. PLACE OF DEATH a. COUNTY Andrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrain	
b. CITY (If outside corporate limits, write RURAL and give township) Molino		c. CITY (If outside corporate limits, write RURAL and give township) Molino Rural 0040	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) R. F. D. Molino, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home on Farm			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence		b. (Middle) C.	
c. (Last) Gray		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14 1889
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 0	IF UNDER 6 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	
11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David D. Gray		13b. MOTHER'S MAIDEN NAME Ida Lee Hubbard	
14. NAME OF HUSBAND OR WIFE Maude Beagles Gray		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. G. Gray, Molino, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inquest with Jury: Deceased died from a self inflicted wound, caused by a shot from a self inflicted wound, caused by a shot			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gun in the left chest, penetrating the heart, lungs and blood vessels. Death was			
DUE TO (c) instant, history showed the deceased was physically in a very poor condition of health, also melonally.			
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 None	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E976X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Molino Audrain Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 4, 1954 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot gun wound	
22. I hereby certify that I attended the deceased from Coroner's Case , 19____, that I last saw the deceased at Molino Dead 2/4 1954 , and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Coroner A. C. Adams M. D.		23b. ADDRESS Mexico, Missouri	
23c. DATE SIGNED 2/4/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-6-54		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
24d. LOCATION (City, town, or county) (State) Mexico, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Signature) (Address)	
DATE REC'D BY LOCAL REG. Feb 4-1954		REGISTRAR'S SIGNATURE Blanche Neely	

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 Chris Amodeo

Licensed Embalmer No. 3569

P. O. Address Mexico

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.