

FILED JUL 19 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1701 Monroe</u>	
3. NAME OF DECEASED a. (First) <u>Homer Robert</u> b. (Middle) <u>Mc</u> c. (Last) <u>Cray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 25, 1916</u>
9. AGE (In years last birthday) <u>38</u>		10. MONTHS <u>11</u>	11. DAYS <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service station Att.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rabbitt, Olka</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Homer H. McCray</u>	
13b. MOTHER'S MAIDEN NAME <u>Lula Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys McCray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>ww2</u>		16. SOCIAL SECURITY NO. <u>264-26-5026</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gladys McCray</u> ADDRESS <u>Jefferson City, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Circulatory Failure</u> DUE TO (c) <u>Self inflicted Gunshot Wound in Brain</u> II. OTHER SIGNIFICANT CONDITIONS... <u>in Brain</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1700 Madison St</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 13 55 7:25P</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Self Inflicted</u>		22. I hereby certify that I attended the deceased from <u>Jan 1, 1955, to July 14, 1955</u> , that I last saw the deceased alive on <u>July 14, 1955</u> , and that death occurred at <u>2:55a. m.</u> , from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) <u>Eugene E. Reber DO</u>		23b. ADDRESS <u>2616 E. High Jeff. City MO</u>	
23c. DATE SIGNED <u>July 17-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 17 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buecher</u> ADDRESS <u>Jefferson City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 18-1955</u>		REGISTRAR'S SIGNATURE <u>R.P. Darrin M.D.</u>	

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

SEP 10 1955

AUG 6 1955

MAY 17 1955

MS JUN 29 1955

AUG 10 1955

AUG 6 1955

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.