No. 300
10-48

FILED JUL 21 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23275

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 174

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

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 2Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormac Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri M
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 319 North Morley Moberly Mo. 0883

**3. NAME OF DECEASED** (Type or Print)
a. (First): Waldo
b. (Middle): CEliftonan
c. (Last): Gray

**4. DATE OF DEATH** (Month) (Day) (Year): July II 1955

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: Dec 8 1860
**9. AGE** (In years last birthday): 94 — IF UNDER 1 YEAR Months 7 Days 3 — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Randolph C. State of Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: John Will Gray
**13b. MOTHER'S MAIDEN NAME**: Ma rian Terill
**14. NAME OF HUSBAND OR WIFE**: Elonar 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.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Dr. W.C. Kelley 1021 South William St. Moberly

**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) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Massive Intraventricular Hemorrhage — 2 wks
DUE TO (c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 331X

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

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 26, 1955, *to* July 11, 1955, *that I last saw the deceased alive on* July 11, 1955, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Benj. S. Jolly DO. 2
**23b. ADDRESS**: Moberly, Mo
**23c. DATE SIGNED**: 7-12-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 13 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove
**24d. LOCATION** (City, town, or county) (State): Chariton Township, Randolph County

**DATE REC'D BY LOCAL REG.**: 7-13-55
**REGISTRAR'S SIGNATURE**: Leslie W. Lowe 269-0
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Tom B. Patton Huntsville

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom B Pelton

Licensed Embalmer No 391

P. O. Address Hinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.