

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. FITCH
State File No. 36543

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1030

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 5 MO.		c. CITY OR TOWN SPRINGFIELD		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 W. OLIVE (MILNER HOTEL)				f. STREET ADDRESS (If rural, give location) 308 W. OLIVE (MILNER HOTEL)							
3. NAME OF DECEASED (Type or Print) VIRGIL			a. (First)		b. (Middle)		c. (Last) GRAY SR.		4. DATE OF DEATH (Month) (Day) (Year) NOV. 17 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH JUNE 2, 1898		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL MANAGER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) EAST LIVERPOOL, OHIO			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME UNKNOWN				13b. MOTHER'S MAIDEN NAME ABIE (UNKNOWN)				14. NAME OF HUSBAND OR WIFE DECEASED			
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. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DR. VIRGIL GRAY JR.						
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) Medical Certification <i>The Myocardial Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4222						INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN	
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) (Min.)			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 <u>11-12, 1955</u> to <u>11-17, 1955</u> , that I last saw the deceased alive on <u>11-17, 1955</u> , and that death occurred <u>about 6:00am</u> , from the causes and on the date stated above.											
23a. SIGNATURE <i>W. H. Fitch</i>				(Degree or title) MD		23b. ADDRESS Springfield Mo				23c. DATE SIGNED 11-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL			24b. DATE 11/17/55		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) MUSKOGEE, OKLAHOMA			
DATE REC'D BY LOCAL REG. 11-21-55			REGISTRAR'S SIGNATURE <i>W. H. Fitch</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Fitch</i>			ADDRESS SPRINGFIELD, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Gene C. Hunt

Licensed Embalmer No.....
P. O. Address.....
Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.