

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2255

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, file RURAL and give township) OR TOWN Houstonia	c. LENGTH OF STAY (in this place) 3 hrs.	c. CITY OR TOWN Sedalia	d. Is 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 Bothwell Hospital		STREET ADDRESS (If rural, give location) 409 North Heard	

3. NAME OF DECEASED (Type or Print)	a. (First) RALPH	b. (Middle) JUNIOR	c. (Last) GRAY	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 12, 1914	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General labor Construction	11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Leslie F. Gray	13b. MOTHER'S MARDEN NAME Sarah Reed Gray	14. NAME OF HUSBAND OR WIFE Betty Gray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give type or title of service) Yes World War II	16. SOCIAL SECURITY NO. Lost	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Gray, bro. Houstonia, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by firearm		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 976x		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pettis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JAN 12 5:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **as Coroner**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **2:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Clara Gordon Steiffel	(Degree or title) used	23b. ADDRESS Coroner, Pettis Co	23c. DATE SIGNED 1-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/16/56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 1-16-56	REGISTRAR'S SIGNATURE Lavina O'Quinn	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manuel Young Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 195

Dr. Stauffacher

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. 512 working under my personal supervision..

Student. Donald R. Bellman
Signature of Student Embalmer

Signed Shane Ewing

Licensed Embalmer No. 1381

P. O. Address Palmdale

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.