

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5599

67

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>4310</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY OR TOWN <u>Bever</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Bever</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0610</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) _____ c. (Last) <u>Gray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-56</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>1/24-88</u>		
9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Matthew Gray</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Howieson Pausy Gray</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>491-36-8280</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pausy Gray, Bever, Mo</u> ADDRESS _____				
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2.2 Cal. Bullett in mouth</u> INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> ANTECEDENT CAUSES DUE TO (b) <u>Suicide</u> DUE TO (c) <u>Self Inflicted</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT? SUICIDE? HOMICIDE? <u>Suicide</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>976x</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Lester Hutton, Coroner</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>Feb. 16, 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Bever, Mo</u>		
DATE REC'D BY LOCAL REG. <u>2/20/56</u>		REGISTRAR'S SIGNATURE <u>C. M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Edwards</u> ADDRESS <u>Bever, Mo</u>				

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

1956 FEB 28

RECEIVED 2.28.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2.56.25  
Date Filed 2.29.56

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 *D. S. Edwards*.....

Licensed Embalmer No. 1961

P. O. Address *Chick*.....

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.