

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21551**

FILED JUL 16 1956

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6001		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY RALLS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Saline Township		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN MONROE CITY		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe City				STREET ADDRESS (If rural, give location) 200A South Main			
3. NAME OF DECEASED (Type or Print) a. (First) GARY		b. (Middle) EVANS		c. (Last) TRAMEL		4. DATE OF DEATH (Month) (Day) (Year) June 30th 1956	
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married.		8. DATE OF BIRTH DECEMBER 14 1937	
9. AGE (In years last birthday) 18		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (City and State or Foreign Country) SAINT LOUIS, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME PAUL TRAMEL		13b. MOTHER'S MAIDEN NAME MARY EVANS		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-36-7234		17. INFORMANT'S SIGNATURE OR NAME Paul Tramel		ADDRESS 9100 E. 12th St. Joplin, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head & Chest Injury			
				INTERVAL BETWEEN ONSET AND DEATH about 5 minutes			
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM, MONROE TWP.		21c. (CITY, TOWN, OR TOWNSHIP) Saline Township (COUNTY) RALLS (STATE) Missouri			
21d. TIME OF INJURY June 30 1956 6 P.M.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Automobile Accident.			
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 7:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clyde C. Wilsey				23b. ADDRESS Perry, Inc. P.O. Co.		23c. DATE SIGNED 6/30/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6th 1956		24c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery		24d. LOCATION (City, town, or county) Monroe City, Missouri. (State) _____	
DATE REC'D BY LOCAL REG. 6/30/56		REGISTRAR'S SIGNATURE Clyde C. Wilsey		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & Sons		ADDRESS Monroe City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1958

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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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Hilson.....

Licensed Embalmer No. 2014

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