

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25415

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 210 Primary Registration District No. 4321 Registrar's No. 40

800
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mercer		c. CITY OR TOWN Ravanna-I-Mile No.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Office		d. STREET ADDRESS I Mile North	
Length of stay in lb Life		Reside on Farm Yes # No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Charley Gray			4. DATE OF DEATH 7 - 16 - 57		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH II-23-1876		
9. AGE (In years last birthday) 80			10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 7 Days 23 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 Farming		11. BIRTHPLACE (City and state or country) Modena - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George W. Gray				14. MOTHER'S MAIDEN NAME Sarah Akers			
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 Clell Gray Address Princeton-Mo.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exsanguination and Shock		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ruptured Duodenal Ulcer		2 1/2 hours	
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5410			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Princeton COUNTY Mercer STATE Missouri	

21. I attended the deceased from January 1950 to July 16, 1957 and last saw him alive on July 16, 1957 Death occurred at 9:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Geo. J. Lawrence (Degree or title)	22b. ADDRESS Box 98, Mercer, Missouri
22c. DATE SIGNED 7-22-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-18-57	23c. NAME OF CEMETERY OR CREMATORY Ravanna Cemetery	23d. LOCATION (City, town, or county) (State) Ravanna Mo.
24. DIRECTOR'S SIGNATURE Grace M. Masten Princeton Mo.		25. DATE REC'D. BY LOCAL REG. 7-22-57	26. REGISTRAR'S SIGNATURE Heel Mast

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1957

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, James L. Greenlee, Student Embalmer No. 396 working under my personal supervision.

Student James L. Greenlee
Signature of Student Embalmer

Signed James L. Greenlee

Licensed Embalmer No. 396

P. O. Address Sevilla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.