

Health, Welfare  
Public  
Service

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC # 16210713  
SL # 1392

DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26144

FILED JUL 16 1957 318 1003  
Registration District No. 318 Primary Registration District No. 1003  
STATE FILE NUMBER 5483  
Registrar's No. 5483

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4000 KINLOCH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP.		Length of stay in 1b 21 HRS 35 MIN 27	d. STREET (If outside, give location) ADDRESS 23 CARSON ROAD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST DAVIS GRAY			4. DATE OF DEATH Month Day Year 6-9-57			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-25-91	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Day Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) PONTOTOS, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILL GRAY			14. MOTHER'S MAIDEN NAME CARLE CRAWFORD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE TRANSVERSE COLON, FAR ADVANCED. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
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.) 153x			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
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.) VA	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 6-8-57 to 6-9-57 and last saw him alive on 6-9-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE John H. Gant (Dr. or title)			22b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 6-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/14/1957	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.		
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney Ave. ADDRESS			25. DATE RECD. BY LOCAL REG. JUN 12 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. 3 P.		

(Licensed Embalmer's Statement on Reverse Side)

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 *Leroy W. Jannister*.....

Licensed Embalmer No. 459

P. O. Address 4251 Wood

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.