

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32955**

FILED OCT 2 1957

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. CITY OR TOWN St. James	
c. LENGTH OF STAY (In this place)		d. 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 None		e. STREET ADDRESS (If rural, give location) 138 Dillon Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle) William	c. (Last) Grate Jr.	4. DATE OF DEATH (Month) (Day) (Year) Sept 22 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED Never married	8. DATE OF BIRTH Nov 13, 1937	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Hours 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clarence W. Grate	13b. MOTHER'S MAIDEN NAME Laura Windsor	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NUMBER 487-40-8257	17. INFORMANT'S SIGNATURE OR NAME Laura Grate	ADDRESS 138 Dillon St. James, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medication of Brain Lesion Instant and hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gun shot wound Rt temple		
	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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify) Self-inflicted	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. James Phelps Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 22 1957 1:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted
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22. I hereby certify that I attended the deceased from **Sept 22, 1957**, to **Sept 22, 1957**, that I last saw the deceased **at 9:22**, 19**57** and that death occurred at **1:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Mudd	23b. ADDRESS Loamans Rolla Mo	23c. DATE SIGNED 9-24-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 24 1957	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Mo.
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DATE REC'D BY LOCAL REG. 9.24.57	REGISTRAR'S SIGNATURE Ruth B. Powell	25. FUNERAL DIRECTOR'S SIGNATURE John L. ...	ADDRESS St. James, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Phelps County Health Officer,

County File Number 832

Date Filed 10-1-59

OCT 2 1959

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 C. Jesse Gahr

Licensed Embalmer No. 448

P. O. Address St. James

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.