

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

4241

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6232 Registrar's No. 3

300  
-57

1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>WARREN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRIDGEPORT TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>1040</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi. N.W. of GORE</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1/2 mi. N.W. of GORE</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ALONZO WILLIAM GRAY</u>			4. DATE OF DEATH Month Day Year <u>JAN 13-1958</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 26-1892</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY CONSTRUCTION WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILWAY</u>	11. BIRTHPLACE (City and state or country) <u>PICKNEY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John F. Gray</u>	13b. MOTHER'S MAIDEN NAME <u>ANTONIE PEKATE</u>	14. NAME OF HUSBAND OR WIFE <u>CAROLINE GRAY</u>
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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) <u>YES IN WW #1</u>	16. SOCIAL SECURITY NO. <u>496-30-8473</u>	17. INFORMANT Address <u>CAROLINE GRAY, RFD McKittrick Mo</u>
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18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute renal failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>38 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Uremia</u>	<u>Unknown</u>
	DUE TO (c) <u>Chronic Pyelonephritis</u>	<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <u>6000</u>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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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 COUNTY STATE
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21. I attended the deceased from 1/8/58 to 1/12/58 and last saw her alive on 1/12/58  
Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. D. Jeter, M.D.</u>	22b. ADDRESS <u>Hermann Mo</u>	22c. DATE SIGNED <u>1/13/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOUTRE ISLAND CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>McKittrick RFD Mo</u>
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24. FUNERAL DIRECTOR <u>HUGO H. BLUMER</u>	ADDRESS <u>HERMANN MO</u>	25. DATE RECD. BY LOCAL REG. <u>1-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 28 1958

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 *Hugo L. Lauer* .....

Licensed Embalmer No. *3160* .....

P. O. Address *Herrmann M* .....

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.