

X
S. No. 300
IV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015397
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 3058 Registrar's No. 118

3

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

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CHARLES</u> c. LENGTH OF STAY (In this place) <u>70 YRS.</u>		c. CITY OR TOWN <u>ST. CHARLES</u> d. Is 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 <u>D.O.A. ST. JOSEPH'S HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2016 N. THIRD STR</u> <u>0923</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>W.</u> c. (Last) <u>GRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>APRIL 28 1881</u>
9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>		IF UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES WILLIAM GRAY</u>		13b. MOTHER'S MAIDEN NAME <u>DORA BESTE</u>	
14. NAME OF HUSBAND OR WIFE <u>LOAK LUESNER GRAY (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-05-0947</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MARVIN GRAY</u>		ADDRESS <u>ST. CHARLES, MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries</u> ANTECEDENT CAUSES <u>Auto</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Accident</u> DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hgh 40</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles County 092 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>May 3, 1958 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Auto accident (unavoidable)</u>			
22. I hereby certify that I attended the deceased from _____, 1958, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Marvin Gray</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Wentzville, Missouri</u>	
23c. DATE SIGNED <u>May 6, 1958</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 6, 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES MO</u>	
DATE REC'D BY LOCAL REG. <u>May 4-58</u>		REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Prinster</u>		ADDRESS <u>St. Charles Mo</u>	

8961 7 NOV

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 *Howard O. Kessler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, Mo.*

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.