

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028604

STATE FILE NUMBER

243

FILED AUG 22 1958

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

S. 300  
- 1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWN <del>Liberty</del> Inside Limits OR TOWN Jefferson City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jefferson City 0368	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hosp</i> Length of stay in lb		d. STREET ADDRESS (If outside, give location) South Highway 54	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST GARY NEAL GRAY			4. DATE OF DEATH Month Day Year August 9th '58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1956 August 16th 1956
9. AGE (In years last birthday) 1		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Grover Gray	
13b. MOTHER'S MAIDEN NAME Vernell Mertens		14. NAME OF HUSBAND OR WIFE Child	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Grover Gray, Highway 54 South, Jeff City
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intra cranial hemorrhage</i> DUE TO (b) <i>Due to automobile accident</i> DUE TO (c) <i>Brain trauma - traumatic</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2-hr</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" 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.) <i>Automobile accident</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>8:00 PM 8-9-58</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway 50 West Jefferson City, Mo.</i>	
20e. CITY, TOWN, OR LOCATION COUNTY STATE <i>Jefferson City, Cole, Mo.</i>			
21. I attended the deceased from <i>Aug 9 0 00</i> to <i>Aug 9 5 00</i> and last saw her alive on <i>Aug 9 1958</i> Death occurred at <i>7:00 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dean Taylor M.D.</i>		22b. ADDRESS <i>Jefferson City, Mo.</i>	
22c. DATE SIGNED <i>8-11-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug 11th 1958</i>	
23c. NAME OF CEMETERY OR CREMATOR <i>Resurrection Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Jefferson City, Mo.</i>	
24. FUNERAL DIRECTOR <i>Tanner Service, Jefferson City, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>14 August 1958</i>	
26. REGISTRAR'S SIGNATURE <i>R.P. Darrin, MD-MR.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

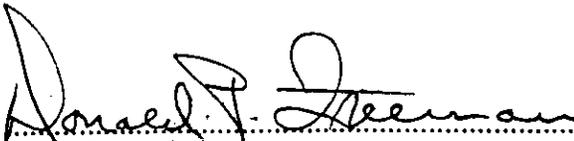
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 22 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  .....  
Donald P. Freeman

..... Licensed Embalmer No. 4623 .....  
P. O. Address Jeff City 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.