

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036875

STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CRYSTAL CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CRYSTAL CITY MO.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>214 BROADWAY</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DELMAR</u> Middle <u>RENEE</u> Last <u>GRAY</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>17</u> Year <u>1958</u>
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>APR. 26, 1906</u>
9. AGE (In years - last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASS WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Works</u>	11. BIRTHPLACE (City and state or country) <u>WHITE CO. ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>SYLVESTER GRAY</u>	
14. MOTHER'S MAIDEN NAME <u>MYRTLE THACKERY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>489-034882</u>		17. INFORMANT Address <u>Mrs. GRACE E. GRAY - Crystal City Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease</u>			<u>20 yrs plus</u>
DUE TO (c) <u>Coronary sclerosis (arteriosclerotic heart disease)</u>			<u>10 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) a. <u>Chronic bronchitis.</u> b. <u>Pulmonary emphysema.</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.) -----	
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.) -----	20f. CITY, TOWN, OR LOCATION -----
20g. COUNTY -----		20h. STATE -----	
21. I attended the deceased from <u>July 7, 1938</u> to <u>October 17, 1958</u> and last saw ^{XIX} him alive on <u>9-17-58</u> Death occurred at <u>8:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John F. Rutledge</u> (Degree or title) M.D.		22b. ADDRESS <u>Crystal City, Mo.</u>	22c. DATE SIGNED <u>10-19-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>10-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSE LAWN</u>	23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY MO.</u>
24. FUNERAL DIRECTOR <u>James P. Cady</u> ADDRESS <u>Crystal City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-20-58</u>	26. REGISTRAR'S SIGNATURE <u>James A. [Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8961 T 8 100
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 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 *James Richard Cady*.....
Licensed Embalmer No. *430*
P. O. Address *Capital City*

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.