

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040563
STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lexington 6542	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2202 Garfield		Length of stay in lb 70 Yr.		d. STREET ADDRESS (If outside, give location) 2202 Garfield	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES C. GRAY			4. DATE OF DEATH Month Day Year November 18 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 5, 1875	9. AGE (In years at birthday) 83	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Washington, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Thomas Gray		13b. MOTHER'S MAIDEN NAME Amanda Stein		14. NAME OF HUSBAND OR WIFE Nora Butler (deceased)	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish Am.		16. SOCIAL SECURITY NO. 487-05-0319	17. INFORMANT Address Miss Betty Gray, Lexington, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 5 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200					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 <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	
21. I attended the deceased from June 14 1958 to Nov. 18, '58 and last saw him alive on Nov 18 1958 Death occurred at 9:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree by title) Ralph W. Gray M.D.			22b. ADDRESS Lexington, Mo.		22c. DATE SIGNED 11-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/21/58	23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery		23d. LOCATION (City, town, or county) (State) Lexington Mo.
24. FUNERAL DIRECTOR Crunk-Walker, Lexington, Mo.			25. DATE RECD. BY LOCAL REG. 11-24-58	26. REGISTRAR'S SIGNATURE M. E. Eastabrook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Harold S. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Lexington, Va*

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.

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