

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043431

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 303

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Calloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Calloway</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i>		c. CITY OR TOWN <i>Guthrie</i> ⁰¹⁴⁶	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Callaway Hosp.</i>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <i>7 weeks</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Emmett</i> Middle <i>GRAY</i> Last <i>GRAY</i>			4. DATE OF DEATH Month <i>Dec</i> Day <i>31</i> Year <i>58</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 8, 1898</i>		9. AGE (In years last birthday) <i>60</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WAGONER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SAME</i>	11. BIRTHPLACE (City and state or country) <i>Callaway Co. MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>J. H. GRAY</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Brooks</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>499-16-053</i>		17. INFORMANT Address <i>MRS Horace Nichols Fulton Mo</i>	

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>Chronic Paralyticus</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Fractured vertebra.</i>		
DUE TO (c) <i>a tree fell across his body.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
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 <i>Nov 12 -</i> to <i>Dec. 31, 58</i> and last saw him alive on <i>Dec 31 - 58</i>		Death occurred at <i>11:40 P.M.</i> - m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS <i>Fulton Mo</i>		22c. DATE SIGNED <i>Jan 2 1959</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Jan. 2 - 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Prospect</i>		23d. LOCATION (City, town, or county) (State) <i>New Bloomfield MO</i>	
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24. FUNERAL DIRECTOR <i>Clayton S. [Signature]</i>		ADDRESS <i>New Bloomfield Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Jan 2 - 1959</i>		26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Color, Contaler, etc. most use entry standard nomenclature in item 18. No symptoms will be treated. All diseases in Part I must be causally related.

1959

NOV 1

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 *LeRoy Claypool*

Licensed Embalmer No. *4412*

P. O. Address *New Bloomfield*

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.