

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006363
State File No.

FILED FEB 17 1959

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. _____ Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Jackson Twp.</u>)		c. LENGTH OF STAY (in this place) <u>30yrs</u>	c. CITY OR TOWN <u>0630</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Theodore</u>	c. (Last) <u>Gray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1959.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 11, 1876.</u>	9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR <u>5</u> Months	if UNDER 24 HRS. <u>26</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Charles Gray</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Rothwell</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Gray</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Gray,</u> ADDRESS <u>Vienna, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Chronic myocarditis</u>		
DUE TO (c)		Years	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>Chronic nephritis</u>	Years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9:05P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-15-59, 1959, to 2-7-59, 1959, that I last saw the deceased alive on 2-7-59, 1959, and that death occurred at 9:05P Am., from the causes and on the date stated above.

23a. SIGNATURE <u>A. C. Howard</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Vienna, Missouri</u>	23c. DATE SIGNED <u>2-9-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/10/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-10-59</u>	REGISTRAR'S SIGNATURE <u>A. Maybelle White</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>M. J. Cunningham</u>	ADDRESS <u>Vienna, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

630

MS MAR 9 1953

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 *McBirmingham*

Licensed Embalmer No. *3664*

P. O. Address *Vienna*

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.