

JURY DIVISION - OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033314

FILED VS OCT 13 1959 76

Registration District No. _____ Primary Registration District No. 4410 Registrar's No. 35

STATE FILE NUMBER

ENDED

| | | | | | | | | |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Phelps | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James | | Length of stay in 1b 38 days | | c. CITY OR TOWN Rural, Dillon twsp. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Highway 66 | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MINNIE ETHEL GRAY | | | | 4. DATE OF DEATH Month Day Year October 4, 1959 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 1/16/03 | 9. AGE (last birthday) 56 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) Choteau, Oklahoma | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME George Schultz | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Whitaker | | 14. NAME OF HUSBAND OR WIFE -- | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. YES | | 17. INFORMANT Address Eugene Graham Rt. 1 Rolla | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer right breast metastasis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 years | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 a.m. p.m. Month, Day, Year | | 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 | | COUNTY | | STATE | | |
| 21. I attended the deceased from August 26-59 to _____ and last saw her alive on Oct 4-59 Death occurred at 5:75 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Jos. Grosskreutz, MD | | | | 22b. ADDRESS St. James, MO | | 22c. DATE SIGNED 10-5-59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/7/59 | 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens | | 23d. LOCATION (City, town, or county) Rolla, Missouri | | (State) | | |
| 24. FUNERAL DIRECTOR Null & Sons Funeral Home By Paul E. Null | | | ADDRESS Rolla | 25. DATE RECD. BY LOCAL REG. 10-5-59 | 26. REGISTRAR'S SIGNATURE Ruth B. Powell | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.