URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-040069

STATE FILE NUMBER

FILED VS NOV 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5211

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood Nurs. Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Moniteau
c. CITY OR TOWN Latham
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: JOHN Middle: F. Last: GRAY

4. DATE OF DEATH Month: 10 Day: 29 Year: 59

5. SEX: Ma

6. COLOR OR RACE: Wh

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-13-81

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Moniteau County, Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Monroe Gray

13b. MOTHER'S MAIDEN NAME: No Record

14. NAME OF HUSBAND OR WIFE: Mattie Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XX

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Ted Gray Address: Latham, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerosis	6 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4-1-59, to 10-29-59 and last saw her/him alive on 10-29-59

Death occurred at 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurenzana MD (Degree or title)

22b. ADDRESS 428 S White Ave

22c. DATE SIGNED 10-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-1-59

23c. NAME OF CEMETERY OR CREMATORY: Latham Cemetery

23d. LOCATION (City, town, or county) (State): Latham, Mo.

24. FUNERAL DIRECTOR: Wagner Funeral Home. K C Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.: 10-30-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Frank Paul Laurenzana

MEDICAL CERTIFICATION

DOCUMENT

11:00 a.m. to
3:00 p.m.

VS NOV 18 1966

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_____ Signed Alvin R. Haunse

Signature of Student Embalmer

Licensed Embalmer No. 415

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.