

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-007076

FILED VS MAR 7 1960

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 183

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lawrence	b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mt. Vernon, Mo.	a. STATE Missouri	b. COUNTY Greene
Length of stay in 1b 9 days		c. CITY OR TOWN Willard	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS Route 2	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Robert	Middle Lee	Last Gray	Month Feb.	Day 27	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-4-85	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming; Carpentry		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Greene County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Gray		13b. MOTHER'S MAIDEN NAME Margaret Kimmons	14. NAME OF HUSBAND OR WIFE Jessie Gray		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 491-12-0436	17. INFORMANT San. records, Mo. State San., Mt. Vernon, Mo.
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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) Metastatic carcinoma of lungs from prostate		
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 2-18-60 **to** 2-27-60 **and last saw** ^{xx}him **alive on** 2-27-60
Death occurred at 10:10 a.m. **m on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) <i>Beaul H. Tolber, M.D.</i>	22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 2-29-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-27-60	23c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY
23d. LOCATION (City, town, or county) Springfield, Mo.		23e. STATE (State)

24. FUNERAL DIRECTOR <i>Herman & Schmeyer</i>	ADDRESS <i>Springfield Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-3-60</i>	26. REGISTRAR'S SIGNATURE <i>Hub Sorell</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. L. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield

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.