

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-010383
STATE FILE NUMBER

FILED VS APR 5 1960

Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steelville		c. CITY OR TOWN Steelville ⁰²⁸⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Part of town		Length of stay in 1b 3 weeks	
d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Ora Last GRAY		4. DATE OF DEATH Month 3 Day 31 Year 60	
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 2-24-77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and state or country) JACKSON, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charley Gray		14. MOTHER'S MAIDEN NAME Janie McCain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT J. Grubawgh Address Steelville, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Prostate			3 1/2 years
DUE TO (c) 177X			
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 9 Month 5 Day 58 Year 60 a. m. am p. m.			
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 Steelville COUNTY STATE
21. I attended the deceased from 9-5-58 to 3-31-60 and last saw ^{her} him alive on 3-31-60 Death occurred at 9 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ed Baumann (Degree or title)		22b. ADDRESS Steelville Mo	22c. DATE SIGNED 4-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-3-60	23c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery	23d. LOCATION (City, town, or county) (State) Crawford Mo.
24. FUNERAL DIRECTOR Harry M. Jonas ADDRESS Steelville		25. DATE RECD. BY LOCAL REG. 4/4/60	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius

APR 8 1960

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 *Harry M. Jones*.....

Licensed Embalmer No. *262*

P. O. Address *Steele, Va.*

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.