URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

-60-031595

STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 43

ENDED

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) None — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN St. James — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 215 E. Eldon — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Margaret Elizabeth Gray

4. DATE OF DEATH Month Day Year: August 26, 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/29/1864
9. AGE (last birthday): 96 — IF UNDER 1 YEAR Months 2 Days 27 — 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): Shelbyville, Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: E. J. Bailey
13b. MOTHER'S MAIDEN NAME: Eliza
14. NAME OF HUSBAND OR WIFE: Jacob

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Rainey Cruts, Address 215 E. Eldon St. James, 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	0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension about	15 years
DUE TO (c)	Arteriosclerosis (general) about	8 years

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 April 2, 1950, to August 26/60 and last saw her alive on August 25, '60
Death occurred at 2:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. V. Hammler, M.D.
22b. ADDRESS: St. James, Mo.
22c. DATE SIGNED: 8-27-'60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/28/1960
23c. NAME OF CEMETERY OR CREMATORY: Barnwell Cemetery
23d. LOCATION (City, town, or county) (State): Maries Co, Mo.

24. FUNERAL DIRECTOR: Jesse Gahr — ADDRESS: 200 S. Meramec St. James, Mo
25. DATE RECD. BY LOCAL REG.: Aug 28, 1960
26. REGISTRAR'S SIGNATURE: Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed C. Jesse Gahr

Signature of Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James,

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