

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# =60-038175

LED VS NOV 7 1960

Registration District No. 37 Primary Registration District No. 4218 Registrar's No. 273

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor Mo.</b>			Length of stay in lb <b>6Yrs.</b>		c. CITY OR TOWN <b>Windsor Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>801 South Windsor St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Leslie</b> Middle <b>Buckner</b> Last <b>Gray</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>26.</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 24 1873</b>	9. AGE (last birthday) <b>87</b>	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) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Henry County Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wm A. Gray</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Bibb.</b>			14. NAME OF HUSBAND OR WIFE <b>Myrtle Stratton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>			16. SOCIAL SECURITY NO. <b>491-36-9782</b>		17. INFORMANT Address <b>Mrs. L.B. Gray Windsor Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Collapse</b> DUE TO (b) <b>Uremia</b> DUE TO (c) <b>Benign Prostatic Hypertrophy</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b> <b>1 Week</b> <b>20 Yrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20. 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 <b>Feb. 1957</b> to <b>Oct. 26. 1960</b> and last saw her/him alive on <b>Oct. 26. 1960</b> Death occurred at _____ <b>6</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deegee or title) <i>William J. Smith M.D.</i>				22b. ADDRESS <b>Windsor Mo.</b>		22c. DATE SIGNED <b>10/28/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 28, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Windsor Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Ellis M. Huston Windsor Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Nov. 3, 1960</b>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>		

(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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ellis M. Huston

Licensed Embalmer No. 330

P. O. Address Windsor

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