

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1960

360

Primary Registration District No.

6225

Registrar's No. 246

-60-048526
STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in lb 6 mo - 3 days		c. CITY OR TOWN Peymour Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3			Inside Limit Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joel Middle Charles Last Gray			4. DATE OF DEATH Month December Day 12 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 May 23, 1894	9. AGE (last birthday) 66 yrs	IF UNDER 1 YEAR Months 6 Days 19 Hours 00 Min. 00	IF UNDER 24 HR Hours 00 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Preacher - Rancher		10b. KIND OF BUSINESS OR INDUSTRY Preacher - Rancher		11. BIRTHPLACE (City and state or country) Chadwick Mo. USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Thomas Gray			13b. MOTHER'S MAIDEN NAME Eliza Cobb		14. NAME OF HUSBAND OR WIFE Lisa Jane Cobb			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Hospital records			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease DUE TO (b) Gen. Arterio Sclerosis - DUE TO (c) AGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Exchasis					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 June 8, 1960 3:30 and last saw him alive on Dec 12, 1960				Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W.C. Bradler (Degree or title)			22b. ADDRESS State Hospital #3, Nevada Mo			22c. DATE SIGNED 12-29-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-60	23c. NAME OF CEMETERY OR CREMATORY Old Boston Cemetery		23d. LOCATION (City, town, or county) CHRISTIAN CO. MO.		23e. STATE MO.		
24. FUNERAL DIRECTOR Robert Bergman Bergman, mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 12-16-1960		26. REGISTRAR'S SIGNATURE Anna J. Jerrys			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas

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