

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010119

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 18

FILED MAR 24 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Platte | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carroll | | Length of stay in 1b _____ | c. CITY OR TOWN Shawnee Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles south of Platte City, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 10103 West 75th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Frances Shirlene Gray | | | 4. DATE OF DEATH Month Day Year March 14, 1961 |
| 5. SEX Female | 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 1-9-1939 |
| 9. AGE (last birthday) 22 | | 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) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Arkansas |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Sidney DeWitt | |
| 13b. MOTHER'S MAIDEN NAME Edith Montague | | 14. NAME OF HUSBAND OR WIFE Charles Gray | |
| 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. _____ | |
| 17. INFORMANT Charles Gray | | Address 10103 West 75th St. Kansas | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRUSHED CHEST - BROKEN NECK | | | INTERVAL BETWEEN ONSET AND DEATH INST. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AUTO ACCIDENT | | | |
| 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 checked="" 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.) ACCIDENT | |
| 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 checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE CARROLL TWP. PLATTE Mo. | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at APPROX. 9 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Roland M. Giffa, Coroner | | 22b. ADDRESS Platte City, Mo. | |
| 22c. DATE SIGNED 3-14-61 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-16-1961 | 23c. NAME OF CEMETERY OR CREMATORY Raddick Cemetery | 23d. LOCATION (City, town, or county) (State) Garfield Arkansas |
| 24. FUNERAL DIRECTOR Rollins & Mitchell Platte City, Mo. | | 25. DATE RECD. BY LOCAL REG. Mar 16 1961 | 26. REGISTRAR'S SIGNATURE Alpha Rollins |

JUL 21 1961

MAR 24 1961

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 Larry R. Rollin

Licensed Embalmer No. 5110

P. O. Address Slatt City

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.