

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010193
STATE FILE NUMBER

FILED APR 14 1961

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 61

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		Length of stay in 1b <i>7 Days</i>	c. CITY OR TOWN <i>Moberly</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>110 S. Moulton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>110 S. Moulton</i>
3. NAME OF DECEASED (Type or print) First <i>GARY</i> Middle <i>LEE</i> Last <i>GRAVES</i>		4. DATE OF DEATH <i>April-3-1961</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar-27-1961</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state, or country) <i>Moberly Mo.</i>
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Delores Graves</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Delores Graves Moberly Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ruptured intestinal blood vessels</i>			<i>unknown</i>
DUE TO (c) <i>congenital deformity of intension</i>			<i>7 days</i>
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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. 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	COUNTY STATE
21. I attended the deceased from March 27 1961 to <i>April 3-1961</i> and last saw him alive on <i>April 1, 1961</i> Death occurred at <i>4:15 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Benj. S. Jolly D.O.</i>		22b. ADDRESS <i>203 1/2 N. Clark, Moberly, Mo</i>	22c. DATE SIGNED <i>MoA-3-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Apr-4-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rakland Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>
24. GENERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-3-61</i>	26. REGISTRAR'S SIGNATURE <i>Peabody Lowe</i>

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 Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moberly, Mo

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.