SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-S1-021778
STATE FILE NUMBER

3 8 6 1 AMENDED

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 49

FILED JUN 30 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington
Length of stay in 1b: 5 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lexington Mem' Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lafayette
c. CITY OR TOWN Odessa
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 408 W. Orchard
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JAMES Middle: HENRY Last: GRAY
4. DATE OF DEATH Month: June Day: 29 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/27/78
9. AGE (last birthday): 82
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (City and state or country): Hickory Co, MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Andrew J. Gray
13b. MOTHER'S MAIDEN NAME: Isabelle Kisner
14. NAME OF HUSBAND OR WIFE: Rosa Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Rosa Gray Address: 408 W. Orchard Odessa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ASHD — Several years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene right great toe Diabetes Mellitus
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 June 4, 1961, to June 9, 1961 and last saw him alive on June 9, 1961
Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wilbur E. Fulkerson M.D.
22b. ADDRESS Higginsville Mo.
22c. DATE SIGNED 6-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 11, 1961
23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery
23d. LOCATION (City, town, or county) (State) Odessa, MO.

24. FUNERAL DIRECTOR Heesman-Sparks ADDRESS Odessa, Mo
25. DATE REC'D BY LOCAL REG. 6-11-61
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 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 William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, 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.