

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1961

318

1003

4679

=61-022609 STATE FILE NUMBER

AMENDED

Registration District No. 16 Primary Registration District No. 1003 Registrar's No. 4679

FILED JUL 13 1961  
1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Crawford  
c. CITY OR TOWN Steelville Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 14 Miles S. W. Steelville Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Ethel Middle Jane Last Gray 4. DATE OF DEATH Month May Day 11 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1/15/1888 9. AGE (last birthday) 73 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Cook Station, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Dudley Smith 13b. MOTHER'S MAIDEN NAME Mary Fox 14. NAME OF HUSBAND OR WIFE Unavailable

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. Nil. 17. INFORMANT Lawrence Gray, 6105 Adeline Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 30 min.  
DUE TO (b) Coronary arteriosclerotic heart disease 3 1/2 yrs.  
DUE TO (c) 4201

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.  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 Month, Day, Year a.m. p.m.

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 11-5-57 to 5-14-61 and last saw her/him alive on 5-1-61  
Death occurred at 9:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. M. Smith (Degree or title) M.D. 22b. ADDRESS 634 N. Grand Blvd. 22c. DATE SIGNED 6-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-17-61 23c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery 23d. LOCATION (City, town, or county) (State) Crawford County, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd. 25. DATE RECD. BY LOCAL REG 5-17-1961 26. REGISTRAR'S SIGNATURE Edna Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

FILM NO.

**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

*Elmo R. Padua*

Licensed Embalmer No. 4077

P. O. Address St Louis

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.