

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007424

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 69

FILED FEB 19 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Pettis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>	a. STATE <b>Mo</b>	b. COUNTY <b>Pettis</b>
Length of stay in 1b <b>47 yrs.</b>		c. CITY OR TOWN <b>Sedalia</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>528 N. Washington St.</b>		d. STREET ADDRESS <b>528 N. Washington St</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <b>Irvin</b>	Middle <b>Owen</b>	Last <b>Gray</b>	Month <b>2</b>	Day <b>13</b>	Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/3/1884</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>13</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Syracuse Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert Gray</b>	13b. MOTHER'S MAIDEN NAME <b>MYRTLE LOUISE PARKER</b>	14. NAME OF HUSBAND OR WIFE <b>Lucille Gray 115 E. Pacific St</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Lucille Gray 115 E. Pacific St</b>	Address <b>Sedalia Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		<b>2 days</b>
DUE TO (b) <b>Chronic myocarditis</b>		<b>3 years</b>
DUE TO (c) <b>hypertensive arterio sclerosis unknown cause</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Intestinal Obstruction inoperable</b>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year
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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 <b>Sedalia</b>	COUNTY <b>MO</b>	STATE
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21. I attended the deceased from 2-12-62 to 2-13-62 and last saw him alive on 2-12-62  
Death occurred at Sedalia 5P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>A. R. Muddox M.D.</b>	22b. ADDRESS <b>Sedalia Mo</b>	22c. DATE SIGNED <b>2-16-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-17-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL ANNEX</b>	23d. LOCATION (City, town, or county) <b>SEDALIA</b>	(State) <b>MO</b>
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24. FUNERAL DIRECTOR <b>Allen &amp; Sons Funeral Home</b>	ADDRESS <b>117 E. JEFFERSON</b>	25. DATE RECD. BY LOCAL REG. <b>2-16-1962</b>	26. REGISTRAR'S SIGNATURE <b>Francis Proby</b>
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AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 L. D. Hardiman.

Licensed Embalmer No. 4378.

P. O. Address 403 N. Osage,

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.