MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016293
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 83

FILED MAY 8 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0817
2 3810.2
3
4 0
5 2
6
7 0
8 2
9 420.1
10
11
12 86-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McFarland Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN St. James — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 913 S. Jefferson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clarence Middle M. Last Grate

4. DATE OF DEATH Month April Day 27, Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-18-1881
9. AGE (last birthday) 80 — IF UNDER 1 YEAR Months 7 Days 9 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Ret)
10b. KIND OF BUSINESS OR INDUSTRY Salesman (Ret)
11. BIRTHPLACE (City and state or country) Luray, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Grate
13b. MOTHER'S MAIDEN NAME Sarah Carter
14. NAME OF HUSBAND OR WIFE Nettie (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

17. INFORMANT Mrs Charles Burch — Address 913 Jefferson St. James, 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. ☐ 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 April 1 1962 to April 27, 1962 and last saw ~~him~~ alive on April 27, 1962
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) DF Andreassen Mo
22b. ADDRESS Rolla Mo
22c. DATE SIGNED 5/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-29-1962
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) (State) St. James, Missouri

24. FUNERAL DIRECTOR Jesse Gahr — ADDRESS 200 S. Meramec St. St. James, Mo.
25. DATE RECD. BY LOCAL REG. May 1, 1962
26. REGISTRAR'S SIGNATURE Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1962

JUN 4 1962

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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address 200 S. Meramec St. James, 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.