

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018312

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 4085 Registrar's No. 62

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 24 1962
 1. PLACE OF DEATH
 a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale Length of stay in 1b

c. CITY OR TOWN Hale, Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home west part town Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
CLARENCE ALBERT GRAY

4. DATE OF DEATH Month Day Year
May 18th, 1962

5. SEX M

6. COLOR OR RACE white

7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH 3/27/1893

9. AGE (last birthday) 69

IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
1 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Disabled Veteran

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Moberly ? Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
James Albert Gray

13b. MOTHER'S MAIDEN NAME
Hettie Caldwell

14. NAME OF HUSBAND OR WIFE
Mary Elizabeth Gray

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs Mary Elizabeth Gray Hale, Mo.

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 coronary occlusion
 DUE TO (b)
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
5 1/2 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 1955 to 5-18-62 and last saw him alive on 5-11-62
 Death occurred at 330 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Joseph F. Gale M.D.

22b. ADDRESS Chillicothe, Mo 22c. DATE SIGNED 5-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 5/20/1962

23c. NAME OF CEMETERY OR CREMATORY Lakeside Cemetery

23d. LOCATION (City, town, or county) (State)
Sumner, Missouri.

24. FUNERAL DIRECTOR ADDRESS
Clifford W. Austin Funeral Home Hale, Mo.

25. DATE RECD. BY LOCAL REG.
5-20-1962

26. REGISTRAR'S SIGNATURE
Walt Morn Dep

VS 300 Rev. 4/59
 1 0170
 2 0170
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 9420.1
 10
 11
 12 90-0
 13 1-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

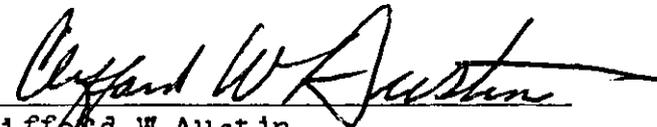
USE BLACK INK OR TYPEWRITER RIBBON

MAY 24 1962
MAY 29 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 
Clifford W. Austin,

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.