

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027795

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 51-62

FILED JUL 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0600

2 0600

3 2

4 0

5 1

6 Miller

7 1

8 0

9 4344

10

11

12 90-8

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MCDONALD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GOODMAN</u>		Length of stay in 1b <u>13 years</u>	c. CITY OR TOWN <u>GOODMAN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GOODMAN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Roy J. Gray</u>			4. DATE OF DEATH Month <u>July</u> Day <u>1st</u> Year <u>1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-14-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILL</u>	9. AGE (last birthday) <u>78</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <u>Bloomer, Wis.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>ALDA GRAY</u>		17. INFORMANT Address <u>ALDA GRAY Goodman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NATURAL CAUSES</u> <u>(Found on floor in Home?)</u> DUE TO (b) <u>Long History of Heart Trouble</u> DUE TO (c) <u>Investigated By CURT BRADLEY Deputy Coroner</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
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. <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.)	
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>UNKNOWN</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mary A. Bradley Registrar</u>		22b. ADDRESS <u>Pinville, Missouri</u>	
22c. DATE SIGNED <u>7-13-62</u>			
23a. MORTAL CREMATION, BURIAL, OR OTHER DISPOSITION (Specify)	23b. DATE <u>July 14, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>AVA</u>	23d. LOCATION (City, town, or county) (State) <u>AVA Missouri</u>
24. FUNERAL DIRECTOR <u>Polker Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>7-13-62</u>	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR OR TYPEWRITER RIBBON

Permit Issued 7-13-62

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 Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Chatham, 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.

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AMENDED:

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 51-62

STATE FILE NUMBER

VS 300 Rev. 4/59

DATE AMENDED: 9-9-99
 9-9-99
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
 INSTEAD OF: Unknown
 Unknown
 MEDICAL CERTIFICATION: Frank B. Gray
 Mary Jane Campbell
 BY AFFIDAVIT OF next of kin: DOCUMENT Family Bible

USE BLACK INK OR TYPEWRITER RIBBON

1 0600
 2 0600
 3 2
 4 0
 5 1
 6
 7 1
 8 0
 9 4344
 10
 11
 12 90-8
 13 1-0

1. PLACE OF DEATH
 a. COUNTY M^c DONALD
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN GOODMAN Length of stay in 1b 13 YEARS
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GOODMAN Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY M^c DONALD
 c. CITY OR TOWN GOODMAN Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) NONE Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Roy J. Gray July 14 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-14-1924 9. AGE (last birthday) 38
 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) MILKER 10b. KIND OF BUSINESS OR INDUSTRY MILK 11. BIRTHPLACE (City and state or country) Bloomer, Wis. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank B. Gray 13b. MOTHER'S MAIDEN NAME Mary Jane Campbell 14. NAME OF HUSBAND OR WIFE ALDA GRAY
~~WIFE UNKNOWN~~ ~~MARRIED~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT ALDA GRAY Goodman 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) NATURAL CAUSES INTERVAL BETWEEN ONSET AND DEATH Sudden
NOT ALL (Found on floor in Home of)
 DUE TO (b) long history of heart trouble
By DUE TO (c) Indusrtiated By Curt Bradley Deputy Coroner
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness or 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at UNKNOWN on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary A. Bradley Registrar 22b. ADDRESS Geneville, Missouri 22c. DATE SIGNED 7-13-62

23a. FUNERAL CREATION, (Specify to locality) Rockwell, Mo 23b. DATE July 14, 1962 23c. NAME OF CEMETERY OR CREMATORIUM AVA 23d. LOCATION (City, town, or county) (State) AVA, Missouri

24. FUNERAL DIRECTOR Rockwell Funeral Home ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 7-13-62 26. REGISTRAR'S SIGNATURE Mary A. Bradley

Anderson, L. M.

