

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046383

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 0781 Primary Registration District No. _____ Registrar's No. 15

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6310
20310

3
4 0
5 1
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7 0
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94201
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1290-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 3 1963		1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Waveress</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Waveress</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jamesport</u>		c. CITY OR TOWN <u>Jamesport</u>	
Length of stay in 1b <u>54</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		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>RAYMOND</u> <u>GAY</u>			4. DATE OF DEATH Month Day Year <u>Dec. 11 1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>July 1-1908</u>
9. AGE (last birthday) <u>54</u>		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) <u>Farmer + Truckee</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jamesport Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>JAMES GAY</u>	
13b. MOTHER'S MAIDEN NAME <u>ETTA OXFORD</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Gay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Mildred Gay</u>		Address <u>Jamesport, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			<u>16 hrs</u>
DUE TO (b) <u>Coronary Insufficiency</u>			<u>1 yr.</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic's mellitus</u>			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 a.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 <u>Sept. 62</u> to <u>Dec 11-62</u> and last saw him alive on <u>Dec 11-62</u> Death occurred at <u>10:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W.B. Barclay D.O.</u>		22b. ADDRESS <u>Jamesport Mo</u>	22c. DATE SIGNED <u>12-14-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 13-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove No 2</u>	23d. LOCATION (City, town, or county) (State) <u>Jamesport Mo.</u>
24. FUNERAL DIRECTOR <u>Genevieve Kimberling</u>		25. DATE RECD. BY LOCAL REG. <u>19 Dec. 1962</u>	26. REGISTRAR'S SIGNATURE <u>Trigum Englebert</u>
Address <u>Jamesport, Mo.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

JAN 7 1963

Permit Release
12-19-62
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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 Harvey C. Robinson
Licensed Embalmer No. 5075

P. O. Address Fallon, Nev. 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.