

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003061

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 904 Primary Registration District No. 6046 Registrar's No. 3

FILED FEB 4 1963

VS 300 Rev. 4/59	DATE AMENDED
3	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
4 0	INSTEAD OF
5 1	DOCUMENT
6	SHOULD READ
7 1	BY AFFIDAVIT OF
8 0	
9 541.1	
10	
11	
12 90-2	
13 1-0	

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) New Melle		c. CITY OR TOWN New Melle	
Length of stay in Tb 9 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Route # 1		d. STREET ADDRESS (If outside, give location) Route # 1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Leonard Gray			4. DATE OF DEATH Jan, 28, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-4-77
9. AGE (last birthday) 85		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) Retired Contractor		10b. KIND OF BUSINESS OR INDUSTRY Grading	11. BIRTHPLACE (City and state or country) Arkansas
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Allen Gray	
13b. MOTHER'S MAIDEN NAME Myra Jane Randolph		14. NAME OF HUSBAND OR WIFE Ella Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address Ed. Gray, 8927 Berkay Ave, Jennings, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SPONTANEOUS PERFORATION OF CHRONIC PEPTIC ULCER OF DUODENUM. DUE TO (c) 2 YRS.	
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 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 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 8-4-55 to Jan 28, 1963 and last saw him alive on JAN 27-1963 Death occurred at 6:30 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W E Bojesen MD		22b. ADDRESS Wentzville, mo	
22c. DATE SIGNED 1-29-63		23. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1-31-63		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) (State) Normandy 21, Mo.		24. FUNERAL DIRECTOR ADDRESS White-Mullen Mortuary, Ferguson, Mo.	
25. DATE RECD. BY LOCAL REG. Jan 29 1963		26. REGISTRAR'S SIGNATURE Martin F. Pruff	

FEB 4 1963

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 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.