

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043656

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

5564

Registrar's No.

306

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Big Creek

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3 miles north of Norris, Mo

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Henry

c. CITY
OR
TOWN

Blainstown

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

R.F.D. #1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Francis

Middle

Michael

Last

Gray

4. DATE
OF
DEATH

Month

Dec. 1

Day

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/28/1945

9. AGE (last birthday)

18

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)

Student

10b. KIND OF BUSINESS OR INDUSTRY

College

11. BIRTHPLACE (City and state or country)

Marshall, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Cecil L. Gray

13b. MOTHER'S MAIDEN NAME

Martha McQuitty

14. NAME OF HUSBAND OR WIFE

X

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

no

16. SOCIAL SECURITY NO.

491-46-3810

17. INFORMANT

Cecil L. Gray, Blainstown, Missouri.

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)

Unknown Un-natural Cause

INTERVAL BETWEEN
ONSET AND DEATH

immed.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Auto accident Body 60%

DUE TO (c)

Consumed by fire

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 ☐ Unknown19. 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.)

one car accident

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

2:15

12-1-63

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.)

Mo. Route N.

20f. CITY, TOWN, OR LOCATION

1/2 mi North of Norris

COUNTY

Henry

STATE

Mo.

21. I attended the deceased from unattended to unattended and last saw her alive on unattended
Death occurred at Approx 2:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

SIGNATURE

(Degree or title)

Richard J. Knight, M.D.

Henry County
Coroner

22b. ADDRESS

106 S. 3rd

Clinton, Mo.

22c. DATE SIGNED

12/2/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/3/63

23c. NAME OF CEMETERY OR CREMATORY

Carpenter

23d. LOCATION (City, town, or county)

Chilhowee, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cook Funeral Home, Chilhowee, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 2, 1963

26. REGISTRAR'S SIGNATURE

Mildred Biggers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

DEC 12 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 _____

Licensed Embalmer No. 4335

P. O. Address Chilhowe, Md

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.

Permit Obtained

12-2-63

12-13