

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019152

FILED VS MAY 23 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 144

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry	b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Brownington
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) None	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STATE Missouri		f. COUNTY Henry	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
Robert Edward Gray	Robert	Edward	Gray	May	14	1960	

5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 13 1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Urich Mo.	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Issac Gray	13b. MOTHER'S MAIDEN NAME Armilda Proctor	14. NAME OF HUSBAND OR WIFE Maybel Gray
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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. none	17. INFORMANT Maybel Gray	Address Brownington Mo
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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 Hrs. days --
IMMEDIATE CAUSE (a)	Pulmonary Edema	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	Medullary Paralysis	
DUE TO (b)	Cerebro vascular thrombosis	
DUE TO (c)		
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.)
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20c. TIME OF INJURY Hour e.m. p.m.	Month, Day, Year
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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 Urich	COUNTY Mo	STATE
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21. I attended the deceased from **Dec. 1959** to **May 14** and last saw ^{her}him alive on **May 14th**
Death occurred at **1:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arturo Gonzalez	(Degree or title)	22b. ADDRESS 717 E. Jefferson, Clinton	22c. DATE SIGNED 5-16-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-16-60	23c. NAME OF CEMETERY OR CREMATORY Urich Cem.	23d. LOCATION (City, town, or county) Urich	(State) Mo
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24. FUNERAL DIRECTOR Sickman & Dunning	ADDRESS Clinton Mo.	25. DATE RECD. BY LOCAL REG. May 16 1960	26. REGISTRAR'S SIGNATURE Mildred Bigum
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.