

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005174

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 351 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton Length of stay in 1b all life c. FULL NAME OF (If NOT in hospital, give location) Home Hospital OR INSTITUTION Clinton Convalescent Inside Limits Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry c. CITY OR TOWN Clinton Inside Limits Yes X No d. STREET ADDRESS (If outside, give location) 306 E. Franklin Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Middle Last RUTH ADELLE GRAY 4. DATE OF DEATH Month Day Year February 12, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Widowed X Never Married Divorced 8. DATE OF BIRTH 8/1/75 9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Henry Co., Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME David Phelps 13b. MOTHER'S MAIDEN NAME Louise Moore 14. NAME OF HUSBAND OR WIFE Joseph Gray (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Brenda Summerton, Clinton, Mo. 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) Broncho-Pneumonia 5 days DUE TO (b) Parkinson's Disease 5 years DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 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 Aug. 1945 to 2/10/61 and last saw her alive on 2/10/61 Death occurred at 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.B. Hughes, M.D. 22b. ADDRESS Clinton, Mo. 22c. DATE SIGNED 2/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 14, 1961 23c. NAME OF CEMETERY OR CREMATORY Englewood 23d. LOCATION (City, town, or county) Clinton, Missouri (State)

24. FUNERAL DIRECTOR Consalus Clinton, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Feb 14 - 1961 26. REGISTRAR'S SIGNATURE Mary Briggs (Dep)

DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene R. Conover

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.