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FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27365

BIRTH NO. 29254-49 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brockenridge	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 2 miles east Brockenridge, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) DALE	c. (Last) GRAY	4. DATE OF DEATH (Month) (Day) (Year) AUG. 18 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 28 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Chillicothe, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Field Gray	13b. MOTHER'S MAIDEN NAME Margaret Rex	14. NAME OF HUSBAND OR WIFE Single - Infant
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Gray, Brockenridge, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Broncho-pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		491X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Brockenridge, MO. MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? FALL
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22. I hereby certify that I attended the deceased from 15 Aug, 1949, to 18 Aug, 1949, that I last saw the deceased alive on 18 Aug, 1949, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

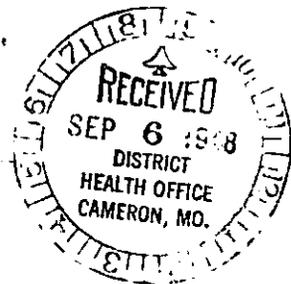
23a. SIGNATURE W. D. Vandivert (Degree or title) M.D.	23b. ADDRESS Chillicothe Mo.	23c. DATE SIGNED 20 Aug 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Aug. 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Rose Hill	24d. LOCATION (City, town, or county) (State) Brockenridge, Mo.
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DATE REC'D BY LOCAL REG. Aug-20-49	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene C. Michael, RD A VMDP, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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.~~

Signed

*Gene C. Michael*

Signed

~~Student Embalmer~~

Licensed Embalmer No.

*4340*

P. O. Address

*Braymer, 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 this body is not embalmed, fact should be so stated above.