

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10145**
2220

FILED MAR 22 1951

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1004		Registrar's No. 2220	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				a. STATE Kentucky		b. COUNTY McCracken	
c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paducah				8/16/51	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) --			
3. NAME OF DECEASED (Type or Print)		a. (First) RALPH		b. (Middle) EARL		c. (Last) GRAY	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
MAR 8 1951							
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 29, 1903	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 5 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist				10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Edwin Gray		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Alberta Gray				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. unknown	
17. INFORMANT'S SIGNATURE OR NAME Thomas David				ADDRESS Bonne Terre, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 1 day				3 months	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT HYPERTENSION					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car			
22. I hereby certify that I attended the deceased from MARCH 7 , 19 51 to MARCH 8 , 19 51 , that I last saw the deceased alive on MARCH 8 , 19 51 and that death occurred at 6:35 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L.R. Bradley D.M.P.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3/8/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-10-51		24c. NAME OF CEMETERY OR CREMATORY Bonne Terre, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL HEALTH DEPT. REG. MAR 9 1951		REGISTRAR'S SIGNATURE J.B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

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

APR 10 1961

DEC 1 1958

VS MAY 1960

1960

VS MAY 4 1960

1960

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, 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.