

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Missouri		c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 33 yrs		e. STREET ADDRESS (If rural, give location) Route # 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #3			

3. NAME OF DECEASED a. (First) William	b. (Middle) Wallace	c. (Last) Gray	4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason	10b. KIND OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (City and State or Foreign Country) Howard County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William A. Gray	13b. MOTHER'S MAIDEN NAME Lena Lowrey	14. NAME OF HUSBAND OR WIFE Georgia Clayton Gray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 492-12-6465	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Gray, Columbia, RFD #3
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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 create
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis, localized 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Missouri Boone Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 14 54 6 <sup>30</sup> pm.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Died while swimming in farm pond
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22. I hereby certify that I attended the deceased from 8/14, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6<sup>30</sup> p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry H. Sweet's JMD Coroner	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 8/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/17/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Aug 20 1954	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Memorial Funeral Home, Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0120

AUG 25 1988

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lymon H. Spunk*.....

Licensed Embalmer No. *401*.....

P. O. Address *Columbus*.....

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.