

Health, Welfare, Public Service, 300, 1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

3760

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph, 0-117c TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Meth. Hospital			Length of stay in lb Hospital	d. STREET ADDRESS 6649 Sherman (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Glenn Middle Charley Last Gray				4. DATE OF DEATH Month Day Year Feb. 22, 1957			
5. SEX Male	6. COLOR OR RACE White 0	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 23, 1906	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Gentry Co, Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Nathan Gray				14. MOTHER'S MAIDEN NAME Nora Carver			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 499-20-2863		17. INFORMANT Address Lezzie Gray St. Joseph, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Cerebral Concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Auto accident DUE TO (c) 8165 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - - -							INTERVAL BETWEEN ONSET AND DEATH none none
20a. ACCIDENT <input checked="" 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.) Collision between the auto driven by Glenn Charley Gray and a street bus.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Hour, Month, Day, Year 6:30 p. m. Feb 22, 57	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) viewed body at D.O.A. street			20e. CITY, TOWN, OR LOCATION COUNTY STATE St. Joseph Buchanan MO			
20d. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) viewed body at D.O.A. street			20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Joseph Buchanan MO			
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 6:40 PM _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE J. E. Moloney M.D. Coroner				22b. ADDRESS St. Joseph, Mo		22c. DATE SIGNED Feb 2-26-57	
23a. BURIAL, CREMATION, REBURNAL (Specify)	23b. DATE 2/25/57	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo			
24. FUNERAL DIRECTOR John P. [Signature] ADDRESS St. Joseph, Mo			25. DATE RECD. BY LOCAL REG. March 1, 1957		26. REGISTRAR'S SIGNATURE Esther M. Allison		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 27 1957

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 *John E. Papp*

Licensed Embalmer No. 39

P. O. Address *St. Joe*

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