No. 300
10.48

FILED MAR 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4132

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Cole Jeff. Prosp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Jefferson City
c. LENGTH OF STAY (in this place): occident
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles W on Mo Pac. R.R

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia 0804 0
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 313 E. Cooper

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Stephen
c. (Last): Gravitt

4. DATE OF DEATH (Month) (Day) (Year): March 3 - 5 - 1957

5. SEX: Male
6. COLOR OR RACE: Negro 2
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 27, 1905
9. AGE (In years last birthday): 51 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck-Driver
10b. KIND OF BUSINESS OR INDUSTRY: Moving Van Co.
11. BIRTHPLACE (City and State or Foreign Country): Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Clarence Gravitt
13b. MOTHER'S MAIDEN NAME: Melinda York
14. NAME OF HUSBAND OR WIFE: Gertrude Gravitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 491-07-4618
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: Mrs. Gertrude Gravitt ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck + R+L leg Broken Sudden
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accident on Mo. Pac R.R. Rightway.
DUE TO (c) (Right of Way)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 802 X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 35
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sue
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 026 (STATE): Jefferson City, Cole, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 5 - 1957 3:32 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Person struck by moving train while walking on Mo. Pac. R.R. Right of way

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on ~~3-3-57~~, 19~~57~~ and that death occurred at 3:32 P m., from the causes and on the date stated above.*

23a. SIGNATURE: Cletus Kolb, Coroner (Degree or title) Cole, Co.
23b. ADDRESS: 630 Adams St. Jefferson City, Mo.
23c. DATE SIGNED: 3-5-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem + Burial
24b. DATE: Feb. 9, 1957
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Annex Cem.
24d. LOCATION (City, town, or county): Sedalia (State): Mo.

DATE REC'D BY LOCAL REG.: 6 March 1957
REGISTRAR'S SIGNATURE: R O Dorris, MD-NR.
25. FUNERAL DIRECTOR'S SIGNATURE: Price Alexander ADDRESS: 400 W Cooper Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)
By Victor Bruscher — Price Alexander

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

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APR 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4 4

P. O. Address Sedalia

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