THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20668

STATE FILE NUMBER

FILED JUL 9 1957

Registration District No. 120 Primary Registration District No. 4198 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at home — Length of stay in 1b 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN King City — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes No X

0380

3. NAME OF DECEASED (Type or print) First: Rufus Middle: Ray Last: Grace

4. DATE OF DEATH Month June Day 27 Year 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH April 13 1890
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 2 Days 14 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (City and state or country) Gentry County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Rufus Grace
14. MOTHER'S MAIDEN NAME Elizabeth Wiley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-40-7978
17. INFORMANT Mrs Wayne Miles Address Ottumwa, Iowa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carbon monoxide poisoning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1 hour
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE X HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION King City COUNTY Gentry STATE Mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 9:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack L. Barnes (Degree or title) Coroner
22b. ADDRESS Gentry Co King City Mo
22c. DATE SIGNED 6-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Jun 30 1957
23c. NAME OF CEMETERY OR CREMATORY Grandview
23d. LOCATION (City, town, or county) Albany, (State) Missouri

24. FUNERAL DIRECTOR Clifford Brooks ADDRESS Albany, Mo.
25. DATE RECD. BY LOCAL REG. 6-30-1957
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed....Donald E. Cochely

Licensed Embalmer No....48

P. O. Address Albany, M

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.