Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043910
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 382 Primary Registration District No. 4230 Registrar's No. 225

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Armstrong, Mo. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pierce Nurs. Home — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Chariton
c. CITY OR TOWN: Prairie Hill 0210 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 208 Main — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Roy Middle: Cecil Last: Gray

4. DATE OF DEATH Month: Dec. Day: 9 Year: 1958

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Apr. 18, 1885

9. AGE (In years last birthday): 73 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): Civil engineer

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (City and state or country): near Prairie Hill

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Columbus Gray

13b. MOTHER'S MAIDEN NAME: Olivette Hester Houston

14. NAME OF HUSBAND OR WIFE: Ella Minter Gray

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.: 497-05-9619

17. INFORMANT Address: Mrs. Ruby Moffett, Prairie Hill, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): Gastro intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malignancy of Colon
DUE TO (c): arteriosclerosis 1538
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive heart failure Nephrosclerosis Carcinoma of bladder

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **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 COUNTY STATE

21. I attended the deceased from January 1957, to December 1958 and last saw alive on 12-9-58
Death occurred at 5:00 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George D Gunn MD 2

22b. ADDRESS: Salisbury, Mo

22c. DATE SIGNED: 12-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Dec. 11, '58

23c. NAME OF CEMETERY OR CREMATORY: Prairie Hill Cem.

23d. LOCATION (City, town, or county) (State): Prairie Hill, Mo.

24. FUNERAL DIRECTOR: Chas B Winkelmeyer **ADDRESS:** Salisbury, Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 22, 1958

26. REGISTRAR'S SIGNATURE: Walker Andaley

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1959

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.