Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006511
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 261 Primary Registration District No. ____ Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Moderway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harryville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 422 W. 4th St. — Length of stay in 1b 1yr. 6mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moderway
c. CITY OR TOWN Harryville C 142 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 422 W. 4th. St. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CAUSBAY Middle WILLIS Last GRAY

4. DATE OF DEATH Month Feb. Day 9, Year 1959

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH Apr. 23, 1881

9. AGE (In years last birthday) 77

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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Taylor County, Iowa

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

13. FATHER'S NAME Willis Gray

14. MOTHER'S MAIDEN NAME Clarinda Ingles

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. 544-22-5064

17. INFORMANT Violet M. Walters Address Villisca, 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) Acute Coronary Occlusion — Interval between onset and death: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Disease — Unknown
DUE TO (c) Generalized Arteriosclerosis — Several Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
4 201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 ____, to ____ and last saw her/him alive on 2-9-59. Death occurred at 7:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. R. Jackson, M.D. (Degree or title)

22b. ADDRESS Harryville, Mo.

22c. DATE SIGNED 2/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Cem. Bur.

23b. DATE 2/12/1959

23c. NAME OF CEMETERY OR CREMATORY Buss Cemetery

23d. LOCATION (City, town, or county) (State) Buss, Iowa.

24. FUNERAL DIRECTOR Owen Wilson — **ADDRESS** Wilson Funeral Home, Clarinda, Ia

25. DATE REC'D BY LOCAL REG. 3-16-59

26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Body was removed to Clarinda, Iowa before embalming was don

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loren Davison

Iowa Licensed Embalmer No. 31

P. O. Address Clarinda,

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.