

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30887**
Registrar's No. **63**

FILED SEP 26 1951

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 4388		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY OR TOWN Clarksburg		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Clarksburg, Mo.		0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Clarksburg Rural			
3. NAME OF DECEASED (Type or Print) ROBERT LEE GRAY				a. (First) ROBERT b. (Middle) LEE c. (Last) GRAY		4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 25, 1869	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Moniteau county	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Dr. H.B. Gray		13b. MOTHER'S MAIDEN NAME Letitia English		14. NAME OF HUSBAND OR WIFE Elnora Hodge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hattie G. Geier, Jamestown, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shingles DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 088x YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Clarksburg Moniteau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 3, 1951 , to Sept. 2, 1951 , that I last saw the deceased alive on Aug. 29, 1951 , and that death occurred at 8 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE William L. O. Williams (Deputy or title)				23b. ADDRESS California		23c. DATE SIGNED 9/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 4, 1951		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Moniteau, Mo.	
DATE REC'D BY LOCAL REG. 9-17-51		REGISTRAR'S SIGNATURE W. R. P. 202		25. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME, California, Mo. ADDRESS 46.3			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-51

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 2854

P. O. Address California M

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