

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12863

1635

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|--|--|--|--|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>El Paso</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>2 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Paso</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> | | | b. (Middle) <u>R.</u> | | c. (Last) <u>BRAY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 6, 1950</u> | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Mar. 30, 1870</u> | | 9. AGE (In years last birthday) <u>80</u> 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) <u>At home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Morris, Illinois</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James Reardon</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Bagby</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Dr. Thos. A. Bray</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. A. Roberts, 136 W. 54th, K.C., Mo.</u> | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiac disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Kangrene, rt foot, 4250</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>5 yrs.</u> <u>10-24 yrs</u> <u>1-10-50</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 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 <u>Mar. 21, 1950</u> , to <u>April 6, 1950</u> , that I last saw the deceased alive on <u>April 5, 1950</u> , and that death occurred at <u>7:50 PM</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>John R. Whittemar MD</u> (Degree or title) | | | | 23b. ADDRESS <u>6314 Brookside Plaza</u> | | | 23c. DATE SIGNED <u>4-7-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-10-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4-7-50</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley -Eylar, Kansas City, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. W. Steiner
6314 Brookside
K.C., Mo.

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 _____
Student Embalmer

Signed _____

Alan E. Heck

Licensed Embalmer No. _____

4063

P. O. Address _____

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