

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16747
State File No. 2103
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2103	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLA. b. COUNTY PAYNE			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 4.30-50		c. LENGTH OF STAY (In this place) 5-6-50		c. CITY (If outside corporate limits, write RURAL and give township) STILLWATER 8350			
d. FULL NAME OF HOSPITAL OR INSTITUTION RALPH SANITARIUM				d. STREET ADDRESS (If rural, give location) 1412 W. 4th ST. X			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) THOMPSON		c. (Last) GRAY		4. DATE OF DEATH (Month) (Day) (Year) 5 6 50	
5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 9, 1870		9. AGE (In years last birthday) 80 If under 1 year: Months 4 Days 8 If under 24 hrs: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D., Hardware, Optometrist-medical		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WILLOW BROOK Kentucky 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter de Butts Ormsby Gray		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Nelson		14. NAME OF HUSBAND OR WIFE EUSEVIA GRAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth G. Wheeler, Stillwater, Okla.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE GASTROINTESTINAL HEMORRHAGE ANTECEDENT CAUSES DUE TO (b) ADENOCARCINOMA STOMACH Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 5-1-50 151X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 12-28-49 GASTRIC RESECTION CARCINOMA STOMACH				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)		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 4-30, 1936, to 5-6, 1950, that I last saw the deceased alive on 5-6, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE R. S. Duncan, Registrar				23b. ADDRESS 909 Angell Bldg. Kansas City, Mo.		23c. DATE SIGNED May 6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-6-50		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Stillwater, Oklahoma	
DATE REC'D BY LOCAL REG. 5-7-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary, Kansas City, Missouri ADDRESS			

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

MAY 5 6 1911

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.