

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33585**
4287

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4287

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (if this place) <u>unk.</u>		d. STREET ADDRESS (If rural, give location) <u>2217 Forest 33²⁸</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ozie</u>	b. (Middle)	c. (Last) <u>Gray</u>	(Month) <u>Oct.</u>	(Day) <u>5</u>	(Year) <u>1951</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1905-Mar-5</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
		<u>Married</u>		<u>46</u>	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ms. Pac. R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Marshall, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Bura</u>	14. NAME OF HUSBAND OR WIFE <u>Serothy Gray</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-05-0549</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Serothy Gray</u> ADDRESS <u>2217 Forest</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>subdural hemorrhage</u>		<u>30 minutes</u>
	ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____		<u>3 1/2 years</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>33 1/2</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April, 1948, to Oct., 1951, that I last saw the deceased alive on Oct. 5, 1951, and that death occurred at 10:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo A. O'Brien</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>1002 Argyle Building Kansas City, Missouri</u>	23c. DATE SIGNED <u>Oct. 8, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Oct. 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshall Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Texas</u>
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DATE REC'D BY LOCAL REG. <u>10-8-51</u>	REGISTRAR'S SIGNATURE <u>Steadline Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. Funeral Home</u> ADDRESS <u>K.C.Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *R Kenneth Kerlock*

Licensed Embalmer No. *4437*

P. O. Address *2600 Evans*

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.