

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5947

State File No. _____

S. No. 300
v. 10.48

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1131

1. PLACE OF DEATH a. COUNTY <u>Jackson</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>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland Park</u> d. STREET ADDRESS (If rural, give location) <u>7633 Santa Fe Drive</u>			
3. NAME OF DECEASED (Type or Print) <u>HERBERT</u> a. (First) <u>HERBERT</u> b. (Middle) <u>L.</u> c. (Last) <u>GRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>22</u> <u>1953</u>		8. DATE OF BIRTH <u>1882</u> <u>June 10, 1882</u> 9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>70</u> <u>02</u> <u>10</u>			
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer's Representative</u> 10b. KIND OF BUSINESS OR INDUSTRY _____					
11. BIRTHPLACE (City and State or Foreign Country) <u>Great Bend, Kan.</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Arthur W. Gray</u> 13b. MOTHER'S MAIDEN NAME <u>Helen Lowrey</u> 14. NAME OF HUSBAND OR WIFE <u>Bertha L. Gray</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknown) (If yes, give war or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>488-36-3877</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Gertrude Gray, 7633 Santa Fe Dr., Overland Park, Kan.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Hypertensive vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>29 hours</u> <u>10 years</u> <u>5 years</u> <u>1 year</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____		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) <u>331X</u>					
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>22 Feb 1953</u> , to <u>23 Feb 1953</u> , that I last saw the deceased alive on <u>22 Feb 1953</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Blaine Z. Hibbard</u> (Degree or title) <u>MD</u> <u>Blaine Z. Hibbard</u>			23b. ADDRESS <u>411 Nichols Rd KC Mo.</u>		23c. DATE SIGNED <u>23 Feb 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/24/53</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>2-24-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FREEMAN MORTUARY & CHAPEL, K.C., MO.</u>			

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

Corr. by Aff. 5-23-53

Mr. Filibond - 411 Nichols Rd -
O2 4350
MAR 27 1953

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.

AFFIDAVIT

State of Kansas)
County of Johnson) SS

5947

Comes now Gertrude Gray, of lawful age, who upon being duly sworn, deposes and says:

That she is the sister of Mr. Herbert L. Gray who died on the 22nd day of February 1953 in St. Luke's Hospital, Kansas City, Missouri;

That the funeral director was The Freeman Mortuary & Chapel, Kansas City, Missouri, the doctor Blaine Z. Hibbard, M. D., that the date of interment was February 24, 1953, at Forest Hill Cemetery, Kansas City, Missouri;

That the date of birth given to the Health Department, Kansas City, Missouri, as a part of the Death Record was June 10, 1885, and that the age given for the same purpose, was 67 years;

That the correct birth date of the said Herbert L. Gray was June 10, 1882, as shown on the family record in the family bible, and that the correct age at date of death was 70.

Further deponents saith not.

Gertrude Gray
Gertrude Gray

Subscribed and sworn to before me, a Notary Public, for the County of Johnson in the State of Kansas this 19th day of March 1953.

Helen Mott

My Commission Expires June 25, 1956

Sup-5947