

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10017**  
**1622**

FILED APR 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>72 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>6231 McGee Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6231 McGee</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b>		b. (Middle) <b>GRAY</b>		c. (Last) <b>OFFUTT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 20 1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2/1/1881</b>			
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>72</b>		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours <b>0</b> Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - Investment</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Business</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Craig, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Henry Clay Offutt</b>			13b. MOTHER'S MAIDEN NAME <b>Alvira Pollock</b>			14. NAME OF HUSBAND OR WIFE <b>Stella Gordon Offutt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>488-22-0060</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Stella Gordon Offutt</b>			ADDRESS <b>6231 McGee</b>	
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>Cause Unknown</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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  <b>ca. 55</b>		
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) (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 <u>no medical attendance</u> , 19 <u>53</u> , to <u>          </u> , 19 <u>          </u> , that I last saw the deceased alive on <u>          </u> , 19 <u>          </u> , and that death occurred at <u>          </u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>H. L. Dwyer</b> (Degree or title) <b>Health Officer</b>				23b. ADDRESS <b>City Hall - Kansas City, Mo.</b>		23c. DATE SIGNED <b>3-20-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/21/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>3-21-53</b>		REGISTRAR'S SIGNATURE <b>Heraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>					

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

Dr. Sawyer coroner's off.

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.