

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18037
2346

State File No.

FILED MAY 21 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>6001 2015 GENTRY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVUS</u> b. (Middle) <u>HENRY</u> c. (Last) <u>GRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>MAY 4, 1871</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pres. N.K.C. Development Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN GRAY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MOIR</u>	14. NAME OF HUSBAND OR WIFE <u>JUNE GRAY</u>
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-26-1737</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MYRTLE GRAY</u> ADDRESS <u>3018 TROOST 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>Cerebral Thrombosis, Portal Type</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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. <u>Gravopneumonia Terminal</u> 19. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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 <u>1 March, 1953</u> , to <u>4 May, 1953</u> , that I last saw the deceased alive on <u>3 May, 1953</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edw. H. Fischer</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>2025 Sweet NKC Mo</u>	
23c. DATE SIGNED <u>4 May 53</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-6-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BARRY COM</u>		24d. LOCATION (City, town, or county) (State) <u>BARRY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-6-53</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's</u> ADDRESS <u>NORTH KANSAS CITY</u>	

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

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. 483, working under my personal supervision.

Student

John H. Kalsbeek
Signature of Student Embalmer

Signed

Glen P. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 162 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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