

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25106**  
**3525**

**FILED JUL 28 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (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) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>Kansas City</b> <b>2158</b>	
c. LENGTH OF STAY (in this place) <b>50 years</b>		d. STREET ADDRESS (If rural, give location) <b>924 Highland Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Shelby</b>	a. (First)	b. (Middle)	c. (Last) <b>Ray</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>7 15 1953</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>NEGRO</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>WIDOWED</b>	<b>8. DATE OF BIRTH</b> <b>DEC. 25, 1874</b>	<b>9. AGE</b> (In years last birthday) <b>78</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>JANITOR IN APARTMENT BLDG</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>MO.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>
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<b>13a. FATHER'S NAME</b> <b>Unknown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>BELL RAY</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> <input checked="" type="checkbox"/>	<b>17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS</b> <b>Mrs. Cornelia Lee 914 Highland Ave. Kansas City, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Chronic Glomerulo nephritis.</b> <b>DUE TO (c)</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease.</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>592h</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 7-7-53, 19, to 7-15-53, 19, that I last saw the deceased alive on 7-15-53, 19, and that death occurred at 2:15 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>E. Frank Ellis</b> (Degree or title)	<b>23b. ADDRESS</b> <b>MD., 600 East 22nd Street</b>	<b>23c. DATE SIGNED</b> <b>7-16-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>July 18, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Lincoln Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-16-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Seraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Fannie G. Meek</b>	<b>ADDRESS</b> <b>Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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