

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33867
4805

BIRTH NO. 77806-54 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>Jackson</u> b. COUNTY <u>Missouri</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>10 HOURS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> 3268		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4442 Harrison</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gregory</u> b. (Middle) <u>Allen</u> c. (Last) <u>Eble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 54</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>10-15-54</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>10</u> Mins. <u>7</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Jackson, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Ray Willis Eble</u>	13b. MOTHER'S MAIDEN NAME <u>Marjorie Lee Merrick</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RAY W. EBLE, 4442 HARRISON ST. K.C. Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs 7 min</u> <u>776h</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prenatal Premature</u>		
	ANTECEDENT CAUSES Morbidity 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.			

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) <u>Kansas City, Jackson, Mo.</u>
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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?
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22. I hereby certify that I attended the deceased from birth, 1954, to 10-16, 1954, that I last saw the deceased alive on 10-15, 1954, and that death occurred at 1:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert F. Wortmann</u> (Degree or title) <u>Robert F. Wortmann, M.D.</u>	23b. ADDRESS <u>1512 Prof. Bldg.</u>	23c. DATE SIGNED <u>10-16-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>10-16-54</u>	REGISTRAR'S SIGNATURE <u>neva minshell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Newcomer</u>	ADDRESS <u>1331 BRUSH CREEK Blvd. Kansas City, Mo.</u>
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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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address James 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.