

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40354

STATE FILE NUMBER

FILED DEC 11 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5589

5. 300
1-57

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>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3331 Highland</u>		d. STREET ADDRESS (If outside, give location) <u>3331 Highland</u>	
3. NAME OF DECEASED (Type or print) First <u>ALBERTA</u> Middle <u>GRAY</u> Last <u>GRAY</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>21</u> Year <u>1957</u>	
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 16, 1891</u>
9a. AGE (In years last birthday) <u>66</u>		9b. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Texarkana, Texas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Arthur Lee</u>	
13b. MOTHER'S MAIDEN NAME <u>Lula David</u>		14. NAME OF HUSBAND OR WIFE <u>Stanley H. Gray</u>	
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>499-09-9961</u>	17. INFORMANT <u>Stanley H. Gray- 3331 Highland</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hy pertensive cardiovascular disease</u>			<u>7 years</u>
DUE TO (c) <u>—</u>			<u>4201</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>1951</u> to <u>death</u> and last saw ^(her) <u>live on Nov 21, 1957</u> Death occurred at <u>6:15 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William F. Sanders M.D.</u>		22b. ADDRESS <u>411 Nichols Rd, Kansas City, Mo.</u>	
22c. DATE SIGNED <u>Nov 25, 1957</u>		23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>11/27/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>		23e. (State) <u> </u>	
24. FUNERAL DIRECTOR <u>E. Sterling Bills</u>		ADDRESS <u>1212 Vine St.</u>	
25. DATE RECD. BY LOCAL REG. <u>11-26-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

William F. Sanders

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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
Signature of Student Embalmer

Signed *E. Sterling Bills*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas

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.