V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1957

State File No. 44561

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5722

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clay
c. CITY OR TOWN: Kansas City Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 3701 E 35th St

5078

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) O c. (Last) RAY

4. DATE OF DEATH (Month) Dec (Day) 3 (Year) 1957

5. SEX Fe **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** Feb 9 1886 **9. AGE** (In years last birthday) 71 IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): American Car Co **10b. KIND OF BUSINESS OR INDUSTRY** N.K.C. mo. **11. BIRTHPLACE** (City and State or Foreign Country) Fayette, mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Charles P. Bowen **13b. MOTHER'S MAIDEN NAME** Susan Claxton **14. NAME OF HUSBAND OR WIFE** Charles E. Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 486-07-7489 **17. INFORMANT'S SIGNATURE OR NAME ADDRESS** Carlos P. Ray 3706 E. 35th.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Left Breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
170X

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☐

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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 11-18 57, *to* 12/3 57, *that I last saw the deceased alive on* 12/3/57, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE J. B. Montgomery (Degree or title) **23b. ADDRESS** Professional Bldg K.C. Mo **23c. DATE SIGNED** 12/3/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 12-6-57 **24c. NAME OF CEMETERY OR CREMATORY** White Chapel **24d. LOCATION** (City, town, or county) Clay Co (State) mo

DATE REC'D BY LOCAL REG. 12-3-57 **REGISTRAR'S SIGNATURE** Neva Minshall **25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS** D.W. Newcomer Sons N.K.C.

(Licensed Embalmer's Statement on Reverse Side)

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

J. B. Montgomery

1 Cert to James Montgomery.
Proff Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 458

P. O. Address K.C. 16, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.