

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014198

STATE FILE NUMBER 2057

FILED MAY 9 1958

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

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 8902 E. 87th Street	

3. NAME OF DECEASED (Type or print) First Middle Last MR. EDWARD B. GRAY			4. DATE OF DEATH Month Day Year April 21, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17, 1882		9. AGE (In years last birthday) 75 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) Salesman Missouri Mercantile Wholesale		10b. KIND OF BUSINESS OR INDUSTRY Wholesale		11. BIRTHPLACE (City and state or country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oscar M. Gray		13b. MOTHER'S MAIDEN NAME Sarah A. Bassett		14. NAME OF HUSBAND OR WIFE Martha Miller Gray			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-03-9251		17. INFORMANT Address Martha G. Martin Santa Monica, Calif.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Eds & Demerol, possibly from crushing injury of left tibia & fibula			INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Leg Demerol & Demerol			E 8:10⁴ 26		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) car run off embankment		
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20c. TIME OF INJURY Hour Month, Day, Year 4:46 p.m. 4-21-58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street			20e. CITY, TOWN, OR LOCATION COUNTY STATE Damar City Jackson 23 MO		
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21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) Dr. C. C. Kealhofer			22b. ADDRESS 6627 Parkside Ave			22c. DATE SIGNED 4-22-58		
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 24, 1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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24. FUNERAL DIRECTOR ADDRESS Stine & McClure Und. Co., K. C., Mo.		25. DATE RECD. BY LOCAL REG. 4-22-58		26. REGISTRAR'S SIGNATURE Neva Minshall	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.
 Geo. C. Kealhofer



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 *J. S. Maltoni*

Licensed Embalmer No. *2744*

P. O. Address *H. C. 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.