

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014200
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2058

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1-57 3

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 33,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brushcreek and Benton Blvd.		d. STREET ADDRESS (If outside, give location) 8902 East 87th Street	
3. NAME OF DECEASED (Type or print) First Middle Last MRS. MARTHA M. GRAY		4. DATE OF DEATH Month Day Year April 21, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 30, 1889
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life) Mgr. Nellie Don Co.	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John H. Miller	
13b. MOTHER'S MAIDEN NAME Emma F. Orr		14. NAME OF HUSBAND OR WIFE Edward B. 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. (If yes, give war or dates of service) 487-09-5761	
17. INFORMANT Mrs. Martha Martin		Address Santa Monica, Calif.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & hemorrhage resulting from fractured cervical spine, crushing injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fractured cervical spine, crushing injuries DUE TO (c) fractures of ribs & legs			INTERVAL BETWEEN ONSET AND DEATH 28104
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 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	
20c. TIME OF INJURY Hour Month, Day, Year 4:30 p.m. 4-21-58		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. C. Kealhofer, M.D. Deputy Coroner		22b. ADDRESS 6627 Park St. 5000	
22c. DATE SIGNED 4-22-58			
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	
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., Mo		25. DATE RECD. BY LOCAL REG. 4-22-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Geo. C. Kealhofer

All diseases in Part I must be causally related.



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. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. 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.