

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032697

State File No. 4619

FILED OCT 15 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kan City Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		STREET ADDRESS (If rural, give location) <b>3530 Charlotte Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harvy</b> b. (Middle) <b>M.</b> c. (Last) <b>Gray</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 29 58</b>
--	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-16-85</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
--------------------	-------------------------------	--	---------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Chicago, Ill. Dustry Rooming House Operator</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. George, Delaware</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	--	--

13a. FATHER'S NAME <b>MONTGOMERY GRAY</b>	13b. MOTHER'S MAIDEN NAME <b>REBECCA SUTTON</b>	14. NAME OF HUSBAND OR WIFE <b>Bulah M. Gray</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>348-12-2577</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bulah M. Gray</b>	ADDRESS <b>3530 Charlotte Kansas City, Mo.</b>
---	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Febrile Thrombosis 2-3 wks</b>		
	DUE TO (c) <b>Arteriosclerotic Heart Disease 1-2 yrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4000</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>1 YES 2 NO</b>
------------------------	----------------------------------	--------------------------------

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **APR**, 1957, to **9/29/1958** that I last saw the deceased alive on **9/28**, 1958, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert W. Hamill MD</b>	(Legal or title) <b>Dr.</b>	23b. ADDRESS <b>Kansas City 4620 J.L. NICHOLS HWY</b>	23c. DATE SIGNED <b>9/30/58</b>
---	-----------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT-1-1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>10-1-58</b>	REGISTRAR'S SIGNATURE <b>neva minihall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMERS</b>	ADDRESS <b>133 BRUSH CREEK BLVD. KANSAS CITY, MO.</b>
---	--	--	---

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Robert W. Hamill M.D.

7 61

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 *Tom Lawler*

Licensed Embalmer No. 4910

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.