

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039967

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5242

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City, Mo.</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Childrens Mercy Hosp 5.47A</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>2001 E 38th st.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Cecil</i> Middle <i>Joseph</i> Last <i>Grey Jr.</i>			4. DATE OF DEATH Month <i>11</i> Day <i>2</i> Year <i>58</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-19-46</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>12yr.</i> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Chicago Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Cecil Joseph Grey Sr.</i>		13b. MOTHER'S MAIDEN NAME <i>Francis Mieniski.</i>	14. NAME OF HUSBAND OR WIFE <i>-</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>Mr. Cecil Joseph Grey Sr. mo.</i> Address <i>K.C.M.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute lymphatic leukemia</i> DUE TO (b) <i>nia</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 STATE	
21. I attended the deceased from <i>Oct 29-58</i> to <i>Nov. 2-58</i> and last saw her/him alive on <i>Nov. 2-58</i> Death occurred at <i>8:45 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wayne Hart M.D.</i>		22b. ADDRESS <i>1710 Independence ave.</i>	22c. DATE SIGNED <i>Nov 2-58</i>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	23b. DATE <i>11/5/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>
24. FUNERAL DIRECTOR <i>D.W. Newcomer</i>		ADDRESS <i>832 Armon</i>	DATE RECD. BY LOCAL REG. <i>11-5-58</i>
26. REGISTRAR'S SIGNATURE <i>New Marshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Wayne Hart

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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 *John W. Kalsback* .....

Licensed Embalmer No. *4949* .....  
P. O. Address *W. Kansas City* .....

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.