RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59–032357

FILED VS SEP 23 1959 49

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 4356 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City — Length of stay in 1b: 1 day 5½ hr
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) LAKESIDE Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY BROWN
c. CITY OR TOWN HORTON — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1045 CENTRAL AVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Dr. Middle CLYDE Last GRAY
4. DATE OF DEATH Month SEPT. Day 7 Year 1959
5. SEX M
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-21-1882
9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY OSTEOPATH
11. BIRTHPLACE (City and state or country) Clearmont, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME —
13b. MOTHER'S MAIDEN NAME —
14. NAME OF HUSBAND OR WIFE —
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. No
17. INFORMANT Address Mr. Richard A. GRAY - SON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease — 20 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cor Bovine
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/19/57 8:10 p.m. to 9/7/59 and last saw her him alive on 9/7/59.
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) Joseph A. Fogarty DO
22b. ADDRESS 402 Northman Bldg K.C. Mo
22c. DATE SIGNED 9/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 9-8-59
23c. NAME OF CEMETERY OR CREMATORY Horton Cemetery
23d. LOCATION (City, town, or county) (State) Horton, Ks

24. FUNERAL DIRECTOR ADDRESS Jos. A. Butler's Sons KCK
25. DATE RECD. BY LOCAL REG. 9-8-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty

SEP 2 3 1962

OCT 3 0 1962

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Russell W Dennis

Signature of Student Embalmer

Licensed Embalmer No. 3462

P. O. Address K. C. Ks.

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