

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006290

FILED VS MAR 3 1960

797

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 797

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>2 yrs.</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2805 E 12 ST</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2805 E 12 ST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>QUINN GRAY</u>			4. DATE OF DEATH Month Day Year <u>February 3 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-15-1901</u>	9. AGE (last birthday) <u>58</u>	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) <u>Dishwasher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Benton Cafe</u>		11. BIRTHPLACE (City and state or country) <u>Hothams Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>John Thomas Gray</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Hubbard</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-14-1314</u>	17. INFORMANT <u>Mrs Phyllis Cooper</u>	Address <u>1501 Bolden Dr St Louis Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Hemorrhage from</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Gastrointestinal tract</u>	
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <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 \_\_\_\_\_, to \_\_\_\_\_, and last saw him/her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u>	22b. ADDRESS <u>1034 Rio Vista Bldg</u>	22c. DATE SIGNED <u>2-4-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-10-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u>
23d. LOCATION (City, town, or county) <u>KANSAS CITY KANSAS</u>		24. FUNERAL DIRECTOR <u>Sheil Funeral Home K.C. Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>2-10-60</u>		26. REGISTRAR'S SIGNATURE <u>Nevar Marshall</u>

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF HUGH H. OWENS

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4879

P. O. Address 110 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.