

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030561

FILED VS SEP 6 1960

149

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

4182

STATE FILE NUMBER

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	Length of stay in 1b 48 years	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2421 E 50		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2421 E. 50
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Audrey MAY GRAY			4. DATE OF DEATH Month Day Year August 13, 1960				
5. SEX Female	6. COLOR OR RACE Cauc	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MARCH 1, 1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office clerk		10b. KIND OF BUSINESS OR INDUSTRY Collection office		11. BIRTHPLACE (City and state or country) Bridgeport Okla.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CURTIS HANSEN		13b. MOTHER'S MAIDEN NAME MURTL Shaw		14. NAME OF HUSBAND OR WIFE ELZIE 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. 513-01-8682		17. INFORMANT Address ELZIE GRAY 2421 E 50			

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) Dehydration		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arsenic poisoning	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Laboratory Findings	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 checked="" type="checkbox"/> NO <input 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.) arsenic poison
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Probably at home.	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson mo.	STATE
21. I attended the deceased from _____ to _____ and last saw her/him _____ of _____ 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) Lucy A Owens Corcoran		22b. ADDRESS 152 Huron Station		22c. DATE SIGNED 8-13-60
23a. BIRTH, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 15, 1960	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) Kansas City Missouri	
24. FUNERAL DIRECTOR Muehlebach	ADDRESS 6800 TROOST	25. DATE RECD. BY LOCAL REG. 8-15-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address H. C. Ma

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.