

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030943

ED VS SEP 12 1960

150

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 182

STATE FILE NUMBER

| | | | | | | | |
|---|--|--|-------------------------------------|--|---|---|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY JACKSON | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie | | a. STATE Missouri b. COUNTY JACKSON | | c. CITY OR TOWN KANSAS CITY 20 | |
| Length of stay in 1b 28 Months | | c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON Co. Hospital | | d. STREET ADDRESS (If outside, give location) 8710 SMART | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANCES Lucille Gay | | | | 4. DATE OF DEATH Month Day Year Sept. 3 1960 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-7-1898 | 9. AGE (last birthday) 61 | 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) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and state or country) Trenton MO | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME William B. Gay | | | 13b. MOTHER'S MAIDEN NAME Lousia | | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 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. NONE | | 17. INFORMANT Address NEAL DOWELL KANSAS CITY, Missouri | | | |
| 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) Arteriosclerotic Heart Disease | | | | | | | Unknown |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Cerebrovascular Accident - | | | | | 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 | | |
| 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 a.m. p.m. Month, Day, Year | | | | | | | |
| 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 5-1-60 to 9-3-60 and last saw her/him alive on 9-3-60. Death occurred at 11 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE J.P. McCalla (Degree or title) M.D. | | | | 22b. ADDRESS Jackson Co Hosp. Indep Mo. | | 22c. DATE SIGNED 9-3-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-7-1960 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | | 23d. LOCATION (City, town, or county) Kansas City Missouri | | (State) | |
| 24. FUNERAL DIRECTOR ADDRESS GRO. C CARSON & Sons Independence Mo | | | 25. DATE RECD. BY LOCAL REG. 9-6-60 | | 26. REGISTRAR'S SIGNATURE [Signature] | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2/11

SEP 13 1960

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indy, Mo.

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