

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046238

STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 6379

FILED JAN 7 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt;">Clay</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center; font-size: 18pt;">Missouri</p>		b. COUNTY <p style="text-align: center; font-size: 18pt;">Clay</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt;">Kansas City M</p>		Length of stay in 1b <p style="text-align: center; font-size: 18pt;">6 months</p>		c. CITY OR TOWN <p style="text-align: center; font-size: 18pt;">Kansas City</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt;">5115 E. 46 St. North</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 18pt;">5115 E. 46th St. North</p>	
3. NAME OF DECEASED (Type or print) <p style="text-align: center; font-size: 18pt;">ELSIE JANE BRAY</p>		4. DATE OF DEATH- Month <p style="text-align: center; font-size: 18pt;">Dec. 13</p>		Day <p style="text-align: center; font-size: 18pt;">1962</p>	
5. SEX <p style="text-align: center; font-size: 18pt;">Female</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 18pt;">White</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 18pt;">8-30-1920</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 18pt;">42</p>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 18pt;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 18pt;">Home</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 18pt;">Mobile, Alabama</p>	
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 18pt;">U. S. A.</p>		13a. FATHER'S NAME <p style="text-align: center; font-size: 18pt;">Unknown Saxon</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 18pt;">Unknown</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 18pt;">James E. Bray</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 18pt;">No</p>		16. SOCIAL SECURITY NO.	
17. INFORMANT <p style="text-align: center; font-size: 18pt;">James E. Bray, 5115 E. 46 St. North</p>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center; font-size: 18pt;">GUNSHOT WOUND RT. TEMPLE EXIT: RT. UPPER AREA SKULL 38 CAL. BULLET - FIRED FROM REVOLVER</p>		INTERVAL BETWEEN ONSET AND DEATH	
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			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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.	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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <p style="text-align: center; font-size: 18pt;">D. S. Pate MD Coroner</p>		22b. ADDRESS <p style="text-align: center; font-size: 18pt;">North Kansas City, Mo.</p>		22c. DATE SIGNED <p style="text-align: center; font-size: 18pt;">12/15/62</p>	
23b. DATE <p style="text-align: center; font-size: 18pt;">12-15-1962</p>		23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 18pt;">White Chapel Gardens</p>		23d. LOCATION (City, town, or county) (State) <p style="text-align: center; font-size: 18pt;">Gladstone, Missouri</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 18pt;">Burial</p>		24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 18pt;">Melody-McGilley-Eylar Antioch Chapel</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 18pt;">12-17-62</p>	
		26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 18pt;">P. Ruth Long</p>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

D. S. Pate

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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SHOULD READ

ITEM NO.

Embalmer

Doyle S. Tate

North Town
Pleasant Hill Mo

12. 11. 01 N Sat.
Take to City Hall
Monday

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 James E. Kachileman

Licensed Embalmer No. 4573

P. O. Address H. C. 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.