

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39406

State File No. _____

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 219

47200
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 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, write RURAL and give township) OR TOWN <u>RURAL Independence Prairie</u> c. LENGTH OF STAY (in this place) <u>6 mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City RR 6</u> <u>7000</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedarcroft Rest Home RR 4</u> | | d. STREET ADDRESS (If rural, give location) <u>11811 Missouri Ave.</u> <u>0</u> | |

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|-------------------------------------|-----------------------|-------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Ida</u> | b. (Middle) <u>Jane</u> | c. (Last) <u>Gray</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1953</u> |
|-------------------------------------|-----------------------|-------------------------|-----------------------|---|

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|----------------------|-------------------------------|--|---------------------------------------|---|--|--|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify) | 8. DATE OF BIRTH <u>Feb. 25, 1953</u> | 9. AGE (In years last birthday) <u>85</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 HR. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Wm. H. Hardwick</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah A. Bricken</u> | 14. NAME OF HUSBAND OR WIFE <u>John H. Gray, K. C. Mo.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Walter D. Gray, Independence, Mo.</u> ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Three days</u> <u>one week</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompensation</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary pneumonia</u> DUE TO (c) <u>seizure</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>493 X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
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22. I hereby certify that I attended the deceased from October 1951, to Dec 3, 1953, that I last saw the deceased alive on Dec 2, 1953, and that death occurred at 2:53A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>R. H. Bond</u> <u>D.O.</u> | 23b. ADDRESS <u>9529 Truman Rd Independence</u> | 23c. DATE SIGNED <u>Dec 3, 1953</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/5/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 4-53</u> | REGISTRAR'S SIGNATURE <u>M. B. Langford</u> <u>483</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Carson</u> ADDRESS <u>Independence, Mo.</u> |
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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
Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.