

FILED FEB 27 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6227

State File No. _____
793

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 _____	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>724 INDEPENDENCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SHEPARD</u> b. (Middle) _____ c. (Last) <u>RAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	
8. DATE OF BIRTH <u>11-12-1902</u>		9. AGE (In years last birthday) <u>50</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 18 Hrs. _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Piquette Okla. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			

13a. FATHER'S NAME <u>Shepard Ray</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Bledsoe</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</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>493-22-6371</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Ray</u> ADDRESS <u>2011 Park H.C. Mo.</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>002-1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Too</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Jan 6 1953, to Jan 29, 1953, that I last saw the deceased alive on Jan 28, 1953, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward P. Attomare</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>K.C. J.B. Hospital</u>		23c. DATE SIGNED <u>1-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Seeds</u>	
24d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>		24e. (State) _____			
DATE REC'D BY LOCAL REG. <u>2-6-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wardens</u> ADDRESS <u>18 & 4 Benton</u>	

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Bruce K. Watkins

Signed.....

Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *1800 S. Benton*

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.