

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9839**

FILED MAR 27 1953

1376

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1376</u>	
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>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4004 Brooklyn Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4004 Brooklyn Avenue</u>				d. STREET ADDRESS <u>4004 Brooklyn Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u>		b. (Middle) <u>Zebulon</u>		c. (Last) <u>Gay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 12 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MIN. Hours _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Claim Adjuster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Panhandle Eastern Pipe Line Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John M Gay</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred S Gay</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>487-03-4758A</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>K.C.M.D. Mrs. Mildred S. Gay 4004 Brooklyn Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the bladder with generalized abdominal metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> <u>155X</u>	
19a. DATE OF OPERATION <u>Sept 10, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Same</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Sept 10</u> , 1952, to <u>March 4</u> , 1953, that I last saw the deceased alive on <u>March 4</u> , 1953, and that death occurred at <u>8:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William F. Sanders</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>103 Grand KC Mo</u>		23c. DATE SIGNED <u>3/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-7-1953</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-7-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. W. Newkumers, Inc. 1551 Grand Creek Kansas City Mo</u>			

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

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.