No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39406

FILED DEC 10 1953

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Independence~~ RURAL Prairie
c. LENGTH OF STAY (In this place): 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cedarcroft Rest Home RR 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City RR 6. 7000
d. STREET ADDRESS (If rural, give location): 11811 Missouri Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Jane
c. (Last): Gray

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 25, 1953
9. AGE (In years last birthday): 85 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and State or Foreign Country): Carroll County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm. H. Hardwick
13b. MOTHER'S MAIDEN NAME: Sarah A. Bricken
14. NAME OF HUSBAND OR WIFE: John H. Gray, K. C. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Walter D. Gray, Independence, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac decompensation — Interval between onset and death: three days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) pulmonary pneumonia — one week.
DUE TO (c) senility

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: 493 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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.*

23a. SIGNATURE (Degree or title): R. H. Boyd Jr. D.O.
23b. ADDRESS: 9529 Truman Rd Independence
23c. DATE SIGNED: Dec 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/5/53
24c. NAME OF CEMETERY OR CREMATORY: Md. Grove Cemetery
24d. LOCATION (City, town, or county) (State): Independence, Mo.

DATE REC'D BY LOCAL REG.: Dec. 4-53
REGISTRAR'S SIGNATURE: M. B. Langsford 4-53
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Larson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.