

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 6 1954

1789

|   |  |   |            |  |  |  |  |
|---|--|---|------------|--|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>149</u>   |            | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. ....   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place) <u>30 yrs</u>   |            | c. CITY OR TOWN <u>Kansas City</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1122 E. 23rd St.</u>   |  |   |            | e. STREET ADDRESS (If rural, give location) <u>1122 E. 23rd St.</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Elmeda Gay</u>  |  |   | a. (First) |  |  | b. (Middle)  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1954</u>   |  |   | c. (Last)  |  |  | 3328<br>0  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>Colored</u>   |            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>July 24, 1896</u>  |  |
| 9. AGE (In years) (If under 1 year last birthday) <u>57</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>   |            | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Scott, Kansas</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>Ed Sheldon</u>  |            | 13b. MOTHER'S MAIDEN NAME <u>Beatrice Williams</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>-</u>  |            | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles Shields</u> ADDRESS <u>2926 Lawton</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>none</u> |            |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>none</u>   |            |  |  | 20. AUTOPSY?<br>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)<br><u>Kansas City, Jackson, Mo.</u>  |  | 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?<br><u>no</u>   |            |  |  | 22. I hereby certify that I attended the deceased from <u>4/10/54</u> , to <u>4/18/54</u> , that I last saw the deceased alive on <u>4/18/54</u> 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |
| 23a. SIGNATURE <u>Henry B. Lyons</u> (Degree or title)  |  |   |            | 23b. ADDRESS <u>1605 E. 18th St.</u>   |  | 23c. DATE SIGNED <u>4/20/54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>4/21/54</u>  |            | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>   |  |
| DATE REC'D BY LOCAL REG. <u>4-21-54</u>   |  | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>  |            | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins</u> ADDRESS <u>18th &amp; Benton</u>   |  |  |  |

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

*Dr. Lyons*

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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.....  
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No. *450*.....

P. O. Address *18 1/2 Ben*.....

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.