

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4811

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 760

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) 40 Yrs.

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

e. STREET ADDRESS (If rural, give location) 1429 1/2 E. 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas b. (Middle) B. c. (Last) Gray

4. DATE OF DEATH (Month) (Day) (Year)
2 17 1956

5. SEX male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec. 12, 1903

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver

10b. KIND OF BUSINESS OR INDUSTRY Brockett Cement Co.

11. BIRTHPLACE (City and State or Foreign Country) Muskogee, Okla.

12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME George Gray

13b. MOTHER'S MAIDEN NAME Lula Lofton

14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 495-09-2984

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene Anderson, 1429 1/2 E. 18th St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

DUED TO (b) Asphyxia.

DUED TO (c) hemorrhage - Cause unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

7831

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

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) (Min.)

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 1-17-56, 19 , to 2-17-56, 19 ; that I last saw the deceased alive on 2-17-56, 19 , and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE W.R. Peterson (Degree or title) M.D.

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 2-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-21-56

24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manlove & Williams 1729 Lydia Ave.

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.....
Signature of Student Embalmer

Signed *J. J. Manlove Jr.*

Licensed Embalmer No. *3994*

P. O. Address *3712 E. 30*

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.