

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

146505

STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 48

Health & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

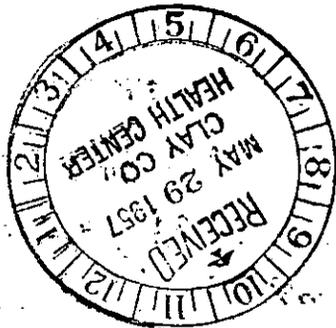
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NORTH KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1235 E. 23rd		Length of stay in 1b 35 yrs.	d. STREET ADDRESS (If outside, give location) 1235 E 23rd AVE		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Archie Middle GRAY Last GRAY			4. DATE OF DEATH Month MAY Day 24 Year 1957		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 6, 1888	9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tapscoy Steel		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BRADSHAW NEBR		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME George GRAY			14. MOTHER'S MAIDEN NAME ELLA STALEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 486-10-4082	17. INFORMANT MRS. ELLA GRAY Address 1235 E 23rd		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, Stomach					INTERVAL BETWEEN ONSET AND DEATH 11/26/56
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fermicium Arsenia					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY. Hour _____, Month _____, Day _____, Year _____ p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11/26/56 to 5/24/57 and last saw the him alive on 5/24/57 . Death occurred at 12:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James E. McFarland, M.D.			22b. ADDRESS 4030 North K C 16 Mo		22c. DATE SIGNED 5/24/57
23a. RITUAL, CREMATION, OR REMOVAL (Specify) Funeral		23b. DATE May 28 1957	23c. NAME OF CEMETERY OR CREMATORY Plainfield Cemetery		23d. LOCATION (City, town, or county) (State) Bradshaw Nebo.
24. FUNERAL DIRECTOR D. W. Newcomer's Sons Inc		ADDRESS 5-24-57		25. DATE RECD. BY LOCAL REG. Oliver L. Humphreys, Dep.	
26. REGISTRAR'S SIGNATURE					

(Licensed Embalmer's Statement on Reverse Side)

494-0

Th. W. Cornick



JUN 5 1951

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 *John Kalsbeek*

Licensed Embalmer No. *494*

P. O. Address *Mo. Kansas*

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.