

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040298

STATE FILE NUMBER 5146

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

300
1-57

300
1-57
All diseases in Part I must be causally related.
MEDICAL CERTIFICATION
L. F. Steffen

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 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 425 EAST-66TH STREET			Length of stay in lb 40 YEARS		d. STREET ADDRESS (If outside, give location) 425 EAST-66TH STREET			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FLORENCE Middle Roberta Last WRAY				4. DATE OF DEATH Month OCT. Day 28. Year 1958					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-7-1896		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 6 Days 2 Hours 2 Min.	IF UNDER 24 HRS. Hours 2 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSTRUCTOR			10b. KIND OF BUSINESS OR INDUSTRY SOUTHWEST HIGH SCHOOL		11. BIRTHPLACE (City and state or country) INDEPENDENCE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME ROBERT WRAY			13b. MOTHER'S MAIDEN NAME MARY ELIZABETH BERRY			14. NAME OF HUSBAND OR WIFE MISS FRANCES M. WRAY			
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. 495-42-7446		17. INFORMANT MISS FRANCES M. WRAY Address 425 EAST-66TH ST. KANSAS CITY, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure due to Hypertensive and Atherosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 4 mos 4 yrs 4 mo	
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 5:20 Month, Day, Year 9th. a.m. 9th. p.m.									
20d. INJURY OCCURRED WHILE AT <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 1954 to Oct 28, 1958 and last saw her alive on Oct 27, 1958 Death occurred at 5:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE L. F. Steffen M.D. (Degree or title)					22b. ADDRESS 1103 Grand Ave KCMO			22c. DATE SIGNED 10-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-30-58	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY			23d. LOCATION (City, town, or country) (State) INDEPENDENCE MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 10-30-58		26. REGISTRAR'S SIGNATURE Reva Marshall			



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 Basil V. Honey,

Licensed Embalmer No. 4724
P. O. Address F.C. Ma

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.

Vertical text on the right edge: This language is printed on the reverse side of this certificate.