

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015234

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1948

FILED APR 20 1962

VS 300
Rev. 4/59

1

2 3 4 3 8

3

4 1

5 3

6

7 0

8 2

9 420.1

10

11

12 68-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H. Fischer MEDICAL CERTIFICATION

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		e. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 35 Years		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luthern Hospital		d. STREET ADDRESS (If outside, give location) 2709 Charlotte Street	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Ada Middle M. Last Gray			Month April Day 5 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/28/79
9. AGE (last birthday) 82		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) CALLAWAY COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Elijah Crump	
13b. MOTHER'S MAIDEN NAME Mary Jones		14. NAME OF HUSBAND OR WIFE Charles H. Gray	
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. None	
17. INFORMANT Mrs. Thelma Ramkin-2709 Charlotte K.C., Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction			2 wks.
DUE TO (b) Coronary artery thrombosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	
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 April 5, 1962 to April 5, 1962 and last saw him alive on April 5, 1962		Death occurred at 9:12 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H. Fischer M.D. (Degree or title)		22b. ADDRESS 306 E 21st Ave 16 Mo	22c. DATE SIGNED 4/6/62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Apr. 9, 1962	23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	23d. LOCATION (City, town, or county) (State) Mission Kansas
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-1331 Brush Creek		ADDRESS K. C., Mo.	25. DATE RECD. BY LOCAL REG. 4-7-62
		26. REGISTRAR'S SIGNATURE Ruth Song	

USE BLACK INK OR TYPEWRITER RIBBON

Fischer

Dr. Edw. H. FISHER

306 E. 21 st.

between 1: and 3:

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 P. Honey

Licensed Embalmer No.

4924

P. O. Address

40910

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.