

FILED NOV 13-1950

DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33530

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4497

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>8 mos.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Rest Home 100 E. 36th.</u>		d. STREET ADDRESS (If rural, give location) <u>2012 Broadview Ave.</u>		
<b>3. NAME OF DECEASED</b> a. (First) <u>Rose</u> b. (Middle) <u>G.</u> c. (Last) <u>Gripkey</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>October 22, 1950</u>	
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>4-23-1883</u>	
<b>9. AGE</b> (In years less birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
<b>13a. FATHER'S NAME</b> <u>John Westerman</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Caroline Groves</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Peter Gripkey</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Peter Gripkey 2012 Broadview K. C. Ks.</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>hypertensive cardio vascular disease</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 yrs.</u>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>ANCECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>19 48</u> , to <u>Oct. 22, 19 50</u> , that I last saw the deceased alive on <u>Oct. 10, 19 50</u> , and that death occurred at <u>5P.</u> m., from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> <u>Francis S. Carey MD</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Kansas City, Kansas</u>		<b>23c. DATE SIGNED</b> <u>10-24-50</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>removal</u>	<b>24b. DATE</b> <u>10-26-50</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. John's Cem.</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kansas City, Kansas</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>10-25-50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Holmes</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>F. A. Reising Kansas City, Kans.</u>	

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING INK

as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

the underlying cause last.

DUE TO (c) *✓*

II. OTHER SIGNIFICANT CONDITIONS

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

*✓* *now 10*

19a. DATE OF OPERATION

*none*

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)

*Kansas City - ~~Wagawatta~~ - Kansas*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

*—*

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 *48*, 19*48*, to *Oct. 20*, 19*50*, that I last saw the deceased alive on *Sept 10*, 19*50*, and that death occurred at *500 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE Francis S. Carey MD (Degree or title)

*Francis S. Carey, M.D.*

23b. ADDRESS

*Kansas City, Kansas*

23c. DATE SIGNED

*10-24-50*

24a. BURIAL, CREMATION, REMOVAL (Specify)

*Removal*

24b. DATE

*10-26-50*

24c. NAME OF CEMETERY OR CREMATORY

*St. John's Cem.*

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

*Kansas City, Kansas*

DATE REC'D BY LOCAL REG.

*10-25-50*

REGISTRAR'S SIGNATURE

*Thereldine Holmes*

25. FUNERAL DIRECTOR'S SIGNATURE

*F. A. Reising*

ADDRESS

*K. C. Kans.*

**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.

Signed

*George A. Reising*

Signed.....

Student Embalmer

Licensed Embalmer No. *4468*

P. O. Address *H. C. Home*

**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 this body is not embalmed, fact should be so stated above.