

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12584

State File No. \_\_\_\_\_

1712

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</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>1 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. EAST OF MENDON, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>V.</u> c. (Last) <u>Grubbs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4/18/51</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> (Specify)	8. DATE OF BIRTH <u>Sept 9, 1869</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>82</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Mendon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>W.M. U. Grubbs</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Johanna</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward H. Smith</u>	ADDRESS <u>5300 Troost</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Medication Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Prostatectomy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatectomy</u>			<u>443</u>

19a. DATE OF OPERATION <u>4/2-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Enlarged Prostate Prothyl carcinoma</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1951, to 4/18, 1951, that I last saw the deceased alive on 4/18, 1951, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John O. Skinner, MD</u> (Degree or title)	23b. ADDRESS <u>1402 Broadway</u>	23c. DATE SIGNED <u>4/18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>4-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>MENDON, MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-19-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes Kelly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Kelly-Lyler</u>	ADDRESS <u>1800 E. Howard</u>
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K.C., Mo

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

AUG 28 1957

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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 2999

P. O. Address K. M.

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.