

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22111**
990

FILED AUG 6 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 169.47227		d. STREET ADDRESS (If rural, give location) 2718 Benton Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 2			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Gramp c. (Last) Gramp			4. DATE OF DEATH (Month) (Day) (Year) July 25 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec 1. 1884		9. AGE (in years last birthday) 66.		10. IF UNDER 1 YEAR: Days 7 Hours 24 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George Gramp		13b. MOTHER'S MAIDEN NAME Bertha Ditzler	
13c. NAME OF HUSBAND OR WIFE Blanche Gramp		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. None.	
17. INFORMANT'S SIGNATURE OR NAME Blanche Gramp		17. ADDRESS 2718 Benton Blvd. K.C. Mo.			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage.		ANTECEDENT CAUSES DUE TO (b) Syphilis				15 years.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Epileptic convulsions with psychosis 4 years				4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 026X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT 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 **2-9-**, 19**43**, to **7-25-**, 19**51**, that I last saw the deceased alive on **7-24-**, 19**51**, and that death occurred at **4:45A.** m., from the causes and on the date stated above.

23a. SIGNATURE J.H. Marroway		(Degree or title) Med.		23b. ADDRESS State Hospital No. 2 St. Joseph, Mo.		23c. DATE SIGNED 7-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 25, 1951		24c. NAME OF CEMETERY OR CREMATORY School of Osteopathy		24d. LOCATION (City, town, or county) (State) Kirkville, Mo.	
DATE REC'D BY LOCAL REG. July 27, 1951		REGISTRAR'S SIGNATURE 446 Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE H.O. Sidenfader + Son		ADDRESS 1802 Union	

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

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo

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.