

S. No. 32
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1271

State File No. 15
Registrar's No. 15

FILED JAN 25 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Belton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital		d. STREET ADDRESS (If rural, give location) 816 Main St.			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) MARIE c. (Last) GROH			4. DATE OF DEATH (Month) (Day) (Year) 1-2-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 0
IF UNDER 6 HRS. Days 0	IF UNDER 2 HRS. Hours 0	IF UNDER 15 MIN. Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Belton Mo.		12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME W.D. Anderson		13b. MOTHER'S MAIDEN NAME Martha Ross		14. NAME OF HUSBAND OR WIFE William H. Groh	
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'S SIGNATURE OR NAME William H. Groh		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Hypertension		
			DUE TO (c) Arterio-sclerosis		4 1/2 hr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept 1950 , to Jan 2, 1952 , that I last saw the deceased alive on Jan 2, 1952 , and that death occurred at 12:30 m., from the causes and on the date stated above.					
23a. SIGNATURE John R. McKee (Degree or title)			23b. ADDRESS Belton Mo.		23c. DATE SIGNED 1/2/1952
24a. BURIAL CREMATION (Specify)		24b. DATE 1/4/1952	24c. NAME OF CEMETERY OR CREMATORY Belton	24d. LOCATION (City, town, or county) (State) Belton Mo.	
DATE REC'D BY LOCAL REG. 1-3-52		REGISTRAR'S SIGNATURE Seraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE W. B. England	
				ADDRESS Lee's Summit Mo.	

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed W.B. Langford
Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.