

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5417

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Prine Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Independence</i> 0485	
c. LENGTH OF STAY (In this place) <i>17 Days</i>		d. STREET ADDRESS (If rural, give location) <i>1106 W. Walds</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>J. C. E. Hospital</i>			

3. NAME OF DECEASED a. (First) <i>Grace</i> b. (Middle) <i>Esly</i> c. (Last) <i>Hampton</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb-22-1952</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced 3</i>	8. DATE OF BIRTH <i>Mar 21, 1912</i>	9. AGE (In years last birthday) <i>39</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>1</i>	IF UNDER 1 HR. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Book</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>		11. BIRTHPLACE (State or foreign country) <i>Fort Worth, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
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13a. FATHER'S NAME <i>Lon H. Holmes</i>		13b. MOTHER'S MAIDEN NAME <i>Marie E. Leach</i>		14. NAME OF HUSBAND OR WIFE			
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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) <i>no</i>		16. SOCIAL SECURITY NO. <i>533-26-7854</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Vernon Young 725 S. Liberty</i>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>5 mos.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tuberculosis disseminata</i>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating 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. <i>Bacterial pneumonia</i>				<i>1 mo.</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *6:55P* m., from the causes and on the date stated above.

22a. SIGNATURE <i>Gen. Gimmuschlein M.D.</i> (Degree or title)	22b. ADDRESS <i>Independence Mo</i>	22c. DATE SIGNED <i>23 Feb 52</i>
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23a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb 25, 1952</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mound Grove Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Independence, Mo</i>
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DATE REC'D BY LOCAL REG. <i>2-23-52</i>	REGISTRAR'S SIGNATURE <i>Kenneth C. Eamshaw</i>	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Trigon L. Topley Indep. Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 30 1964

JAN 29 1960

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 Dixon L. Kepley

Signed.....  
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Bridgeport, 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.