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

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8373

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 1192

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 10 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 1625 CENTRAL

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37-00

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle):
c. (Last): GRABLE

4. DATE OF DEATH (Month) (Day) (Year): 3 - 12 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-27-03
9. AGE (In years last birthday): 48 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDER
10b. KIND OF BUSINESS OR INDUSTRY: CROSNER BARREL CO.
11. BIRTHPLACE (City and State or Foreign Country): KANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: REECE GRABLE
13b. MOTHER'S MAIDEN NAME: KATHERINE ANDERSON
14. NAME OF HUSBAND OR WIFE: DORIS GRABLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 511-09-7551
17. INFORMANT'S SIGNATURE OR NAME: ERVIN GRABLE — ADDRESS: 1045 Orville Ave. K.C.K

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophlebitis — rt. leg. — 3 days
DUE TO (c) Lobar pneumonia — left upper lobe — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4904

19a. DATE OF OPERATION: 3-12-52
19b. MAJOR FINDINGS OF OPERATION: Bronchoscopy — essentially negative
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)
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* 3-11, 1952, *to* 3-12, 1952, *that I last saw the deceased alive on* 3-12, 1952, *and that death occurred at* 12:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE William B. Cheeseman (Degree or title) — William B. Cheeseman M.D. MD
23b. ADDRESS 530 Professional Bldg. Kansas City, Mo.
23c. DATE SIGNED: 3-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-13-52
24c. NAME OF CEMETERY OR CREMATORY: Wathena, Kansas
24d. LOCATION (City, town, or county) (State): Wathena, Kansas

DATE REC'D BY LOCAL REG.: 3-13-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STINE & McCLURE KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. S. F. White
Prof. Bldg
Research
Hosp. Ft.

MAR 19 1953

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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K C 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.