

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31637

State File No. _____

SEP 27 1952

4069

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Town Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>2900 Nicholson</u> <u>3045</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>		b. (Middle) <u>-</u>		c. (Last) <u>Grieves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 13 52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>		8. DATE OF BIRTH <u>11-17-1892</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Robinson, Illinois /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charley Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Emily J. Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>Grant Harrison Grieves</u>	
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>490-80-5491</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Lester Grieves, 2900 Nicholson</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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 <u>August 26, 1952</u> , to <u>Sept. 13, 1952</u> , that I last saw the deceased alive on <u>Sept. 13, 1952</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title)				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>9-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		24d. LOCATION (City, town, or county) (State) <u>Robinson, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>9-15-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C.L. Forster, Kansas City, Mo.</u>			

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

Dr. H. H. ...

1072-00

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.

Joe B. Yoder

Signed _____

Licensed Embalmer No. *24193*

P. O. Address *KC Mo*

Student
Student Embalmer

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.