

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38690**
5256

DEC 13 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson		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 Kansas City		c. LENGTH OF STAY (in this place) 35 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 4802 E. 27 St.		
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) E.	c. (Last) Grimshaw	4. DATE OF DEATH (Month) (Day) (Year) 12 2 52
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-17-1884	9. AGE (In years last birthday) 68 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) Owner & Operator		10b. KIND OF BUSINESS OR INDUSTRY A-C Cabinet Shpp		11. BIRTHPLACE (City and State or Foreign Country) Freemont, Neb.
12. CITIZENSHIP OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Wm. J. Grimshaw		13b. MOTHER'S MAIDEN NAME Leah Thompson		14. NAME OF HUSBAND OR WIFE Anna H. Grimshaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Navy 1908		16. SOCIAL SECURITY NO. 497-36-4520		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. J. Shelton Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative Shock. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Prostate Hypertrophy rise to the above cause (a) stating the underlying cause last. DUE TO (c) A-S Heart Disease. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days 1 yr. 2 yr. 10/10X
19a. DATE OF OPERATION 11-29-52		19b. MAJOR FINDINGS OF OPERATION Prostate Hypertrophy		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) m.		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 11-26 , 19 52 , to 12-2 , 19 52 , that I last saw the deceased alive on 12-1 , 19 52 , and that death occurred at 12:05 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Wm. A. Staggs (Degree or title) MD M. D.		23b. ADDRESS 1300 E. 14. C. Mo		23c. DATE SIGNED 12-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
DATE REC'D BY LOCAL REG. 12-2-52		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar KCMO.

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

Glen S. Hask

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.