

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5837**
Registrar's No. **895**

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.	
c. LENGTH OF STAY (In this place) 49 yrs.		d. STREET ADDRESS (If rural, give location) 1220 W. 41st St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warwick N.H. 3621 Warwick			

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) LEE c. (Last) DANIEL			4. DATE OF DEATH (Month) (Day) (Year) 2 10 53			
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 28, 1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jack Pence		13b. MOTHER'S MAIDEN NAME Margaret Hadley		14. NAME OF HUSBAND OR WIFE John C. Daniel	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur J. Daniel 812 W. 67 Terr.	

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) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Influenza		3 weeks	
		DUE TO (c) Similarity		480x	
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)		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 9/24 1957, to Feb 10, 1953, that I last saw the deceased alive on Feb 10 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Graubholz (Degree or title) M.D.		23b. ADDRESS 3527 Broadway K.C. Mo.		23c. DATE SIGNED 2/11-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-12-53		24c. NAME OF CEMETERY OR CREMATORY Kearney, Missouri		24d. LOCATION (City, town, or county) (State) Missouri	
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DATE REC'D BY LOCAL REG. 2-11-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE- McCLURE K.C. MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. J. W. Grauerholz
3527 Broadway
Me 5522

until 5: today
1:30 to 5:00 Wed.

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 _____

J. T. Crowell

Licensed Embalmer No. _____

4904

P. O. Address _____

Kan 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.