

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5944**
837

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 26 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence | |
| | | d. STREET ADDRESS (If rural, give location) Unknown | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) C. c. (Last) GRAMMER | | | 4. DATE OF DEATH (Month) (Day) (Year) February 7 1953 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 21, 1905 |
| 9. AGE (in years last birthday) 47 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 11. BIRTHPLACE (City and State or Foreign Country) Batavia, Iowa |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mary E. Grammer |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2 | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Official Records, VA Hospital, Kansas City |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Coronary atherosclerosis DUE TO (c) as above 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION none | |
| 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) | 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 January 13 1953 , to February 7, 1953 , and that death occurred at 11:30p m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Richard C. Schaffer, M.D., Chief, Laboratory | | 23b. ADDRESS Veterans Administration Hospital, K.C. Mo. | 23c. DATE SIGNED Feb. 8, 1953 |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL | 24b. DATE FEB-8-1953 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) CLARENCE MISSOURI |
| DATE REC'D BY LOCAL REG. 2-8-53 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer Sons ADDRESS 1931 BRUSH CREEK KANSAS CITY, MO. | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1936

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 Bernard K. Horan

Licensed Embalmer No. _____

P. O. Address _____

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.