

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9858
1632

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1632</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>28 Hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>8150</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4320 Rainbow Blvd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>(Casey Jones)</u> c. (Last) <u>Grossniklaus</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1953</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16, 1897</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman. Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift Packing Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>John Grossniklaus</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Dietrich</u>		14. NAME OF HUSBAND OR WIFE <u>Chloie Grossniklaus</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>510-05-7375A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chloie Grossniklaus, K. C. Kans.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute bacterial & chemical peritonitis</u> ANTECEDENT CAUSES <u>Adorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (b) Perforated Caecum of sigmoid colon with metastases</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>153X</u> <u>12 hrs.</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Angelo Lapi</u> (Degree or title) <u>Angelo Lapi M.D. pathologist</u>				23b. ADDRESS <u>101 Memorial Drive</u>		23c. DATE SIGNED <u>3/23/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/24/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cummings Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cummings Kansas</u>		
DATE REC'D BY LOCAL REG. <u>3-23-53</u>		REGISTRAR'S SIGNATURE <u>E. Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K. C. Kans.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Jimmy S. Hubshorn

Licensed Embalmer No. *4092*

P. O. Address *Mission, Kansas*

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.