

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35885
State File No. 5110

FILED NOV 13 1953

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) c. LENGTH OF STAY (In this place)
d. CITY OR TOWN Kansas City
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3214 Charlotte Street
e. STREET ADDRESS (If rural, give location) 3214 Charlotte Street 3498

3. NAME OF DECEASED a. (First) MAUD b. (Middle) c. (Last) GRAUEL
4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 4, 1870 9. AGE (In years last birthday) 83
If UNDER 1 YEAR: Months Days If UNDER 1 HR.: 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) Chenoa, Illinois /
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Frank Cook 13b. MOTHER'S MAIDEN NAME Elizabeth Kinahar 14. NAME OF HUSBAND OR WIFE Charles A. Grauel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ora Cook Kansas City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC BRONCHO PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 48 HRS.
ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROTIC C-V DISEASE 20 YRS.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) GENERALIZED ARTERIOSCLEROSIS 30 YRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INFECTED DECUBITUS ULCERS 2 MONTHS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Sept 1, 1953, to Oct. 25, 1953, that I last saw the deceased alive on Oct. 22, 1953 and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23. SIGNATURE Ruth A. Hardacre (Degree or title) M.D. 23b. ADDRESS 4247 Troost - K.C., Mo. 23c. DATE SIGNED 10/26/53

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 10-27-53 24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery 24d. LOCATION (City, town, or county) (State) Osawatomie, Kansas

DATE REC'D BY LOCAL REG. 10-27-53 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.

(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.....
Signature of Student Embalmer

Signed *Walter H. Erwin*.....

Licensed Embalmer No. *4352*.....

P. O. Address *Kansas City,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.