

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36208

State File No. ....

FILED OCT 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>38 da.</u>		d. STREET ADDRESS (If rural, give location) <u>2515 South Chrysler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>E.</u> c. (Last) <u>Haines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>G. Widow</u>	
8. DATE OF BIRTH <u>Oct. 9, 1889</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Independence, Kansas</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Arthur Neely</u>		13b. MOTHER'S MAIDEN NAME <u>Margie Hodges</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annabelle Rich</u> ADDRESS <u>Indep. 220</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary failure</u>		ANTECEDENT CAUSES				<u>62 days.</u>	
Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) <u>arterio-sclerosis</u>					
		DUE TO (c) <u>Diabetes</u>					
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 <u>260x</u>				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 Aug. 29, 1953, to Oct. 7, 1953, that I last saw the deceased alive on Oct. 7, 1953 and that death occurred at 11:12 am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rand W. Phipps, M.D.</u>		23b. ADDRESS <u>4802 project</u>		23c. DATE SIGNED <u>10-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills C.</u>	
				24d. LOCATION (City; town, or county) (State) <u>Jackson Co. Mo</u>	

DATE REC'D BY LOCAL REG. <u>10-9-1953</u>		REGISTRAR'S SIGNATURE <u>D. B. Langford</u> <u>483</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Taylor</u> ADDRESS <u>Indep 220</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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.....

*Wilton L. Keeley*

Licensed Embalmer No. ....

*4228*

P. O. Address.....

*Indep. 2nd*

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.