

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39409

State File No. _____

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 217

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 OR TOWN <u>Rural prairie town</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u> <u>3308</u>	
c. LENGTH OF STAY (in this place) <u>9yr, 10d</u>		d. STREET ADDRESS (If rural, give location) <u>2322 Fairmount</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>GRACHECK</u>	c. (Last) <u>Heller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11-22-1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>STEPHEN GRACHECK</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA KAHLSDORF</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS, MARY MARGERL</u>	ADDRESS <u>K.C.MO.</u>
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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, ashenia, 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</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left stroke year</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from 7-1-, 1953, to 12-1-1, 1953, that I last saw the deceased alive on 12-1, 1953, and that death occurred at 7:32Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Keith</u>	23b. ADDRESS <u>R#4 Independence, Mo.</u>	23c. DATE SIGNED <u>12-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SHAWNEE, KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>Dec 3-53</u>	REGISTRAR'S SIGNATURE <u>N. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME</u>	ADDRESS <u>KANSAS CITY, KANSAS</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1958

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. Hukshon*

Licensed Embalmer No. *4892*

P. O. Address *Mission, Tenn*

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.