

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8673

State File No.

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1177

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Nodaway</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">2 days</p>		c. CITY OR TOWN <p style="text-align: center;">Ravenwood</p>	
d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p style="text-align: center;">Research Hospital</p>					
e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0710</p>					

3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">GRACE</p>		b. (Middle)		c. (Last) <p style="text-align: center;">GRANTHAM</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">3 16 54</p>	
5. SEX <p style="text-align: center;">Female</p>		6. COLOR OR RACE <p style="text-align: center;">white</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>		8. DATE OF BIRTH <p style="text-align: center;">July 5, 1898</p>		9. AGE (In years last birthday) <p style="text-align: center;">55</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">at home</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Missouri 0</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			

13a. FATHER'S NAME <p style="text-align: center;">John Gabbert</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">--- Blaylock</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Robert L. Grantham</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. M. M. Terrell, Jr.</p>		ADDRESS <p style="text-align: center;">8901 E. 73, Raytown, Mo.</p>	
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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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Intubation</u> (b) <u>Pneumonia heart disease with stress</u> (c) <u>Dyspepsia Intubation, renal Intubation</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Pulmonary Intubation</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">8 days</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <p style="text-align: center;">410X</p>	

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 March 14, 1954, to March 16, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 1309 a.m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">E. G. Kettner</p>		(Degree or title) <p style="text-align: center;">M.D.</p>		23b. ADDRESS <p style="text-align: center;">Kansas City, Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">3/16/54</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>		24b. DATE <p style="text-align: center;">3-16-54</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">-</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Albany, Missouri</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">3-16-54</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">STINE & McCLURE UND. CO.</p>		ADDRESS <p style="text-align: center;">K.C.MO.</p>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mrs. Davis, Kettner & Mc Clane Lane
Prof. Bldg. Lv. 2892.

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1915

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 *Gerald A. Burger*.....

Licensed Embalmer No. 4762

P. O. Address *K. C. Mo.*

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.