

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40963

State File No.

5967

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 town) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 10 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital		STREET ADDRESS (If rural, give location) 715 West 13th Street	
3. NAME OF DECEASED (Type or Print) a. (First) BEATRICE		b. (Middle) _____ c. (Last) GRUMBINE	
4. DATE OF DEATH (Month) (Day) (Year) 12 28 54		5. SEX Female / 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 6, 1895	
9. AGE (in years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Bartlesville, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Rogers		13b. MOTHER'S MAIDEN NAME Hattie Halland	
13c. NAME OF HUSBAND OR WIFE Guy W. Grumbine		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Leonard R. Sheek		ADDRESS 2732 Gillham Rd. - K.C., 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* Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 74 hrs.	
ANTECEDENT CAUSES Hydropic atherosclerosis		36 hrs.	
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. Acute cholecystitis		43 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Acute cholecystitis			
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 12-18-54 to 12-28-54 , that I last saw the deceased alive on 12-28-54 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. C. Sheek		23b. ADDRESS 11008 1/2 Wines Rd	
23c. DATE SIGNED 12-19-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/30/54	
24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 12-29-54		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo	

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 Ivan Miller Student Embalmer No. 507
working under my personal supervision.

Student Ivan C. Miller
Signature of Student Embalmer

Signed Arthur Eugene Hook

Licensed Embalmer No. 491

P. O. Address KC, 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.