

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4821**
Registrar's No. **682**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY JACKSON COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY, MO. c. LENGTH OF STAY (in this place) 42 YEARS		c. CITY OR TOWN KANSAS CITY, MO. 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 St. Luke's Hospital		STREET ADDRESS (If rural, give location) 4107 S. BENTON	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) RAYMOND c. (Last) Grinnell	4. DATE OF DEATH (Month) (Day) (Year) 2-13-55
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5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-7-88 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR-PRESS ROOM 10b. KIND OF BUSINESS OR INDUSTRY PRACTICAL CHRISTIANITY	11. BIRTHPLACE (City and State or Foreign Country) HUBBELL NEBRASKA 12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN GRINNELL 13b. MOTHER'S MAIDEN NAME IDA 14. NAME OF HUSBAND OR WIFE CLARA GRINNELL
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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) No	16. SOCIAL SECURITY NO. 495-07-5057	17. INFORMANT'S SIGNATURE OR NAME MRS. CLARA GRINNELL ADDRESS 4107 S. BENTON KANSAS CITY, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		
	DUE TO (c) Leucomioma of the Colon		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Leucomioma of the Colon		6 years	

19a. DATE OF OPERATION Dec 1954 19b. MAJOR FINDINGS OF OPERATION Leucomioma of the colon Resected 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **2/7**, 19**55**, to **2/13**, 19**55**, that I last saw the deceased alive on **2/13, 1955** and that death occurred at **7:20 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms (Degree or title) MD 23b. ADDRESS 4635 Wyandotte K. City Mo 23c. DATE SIGNED 2-14/55
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL 24b. DATE FEB 15, 1955 24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 2-15-55 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE Dr. Neocomer's Sons ADDRESS 1331 BRUSH CREEK 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Basil Honey*.....

Licensed Embalmer No. *472*.....

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.