

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4822**  
Registrar's No. **879**

FILED MAR 15 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. <u>879</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STATE <b>New York</b>		b. COUNTY <b>Kings</b>		c. CITY OR TOWN <b>Brooklyn</b>		STREET ADDRESS (If rural, give location) <b>8310 697 - 27th St.</b>	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <b>Herbert</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Grosvenor</b>		Date (Month) (Day) (Year) <b>2 24 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Wh.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 2, 1880</b>	
9. AGE (In years last birthday) <b>72 7/4</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 6 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Boatman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shipping</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Edward Grosvenor</b>		13b. MOTHER'S MAIDEN NAME <b>Gazzella Beach</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Grosvenor</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>Span. American 131-07-2787</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carroll Grosvenor, 925 Factory, Owasso, Mich.</b>			
18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary arteriosclerosis with acute myocardial infarction</b>							
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.							
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) (Min.)		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 <b>Feb. 22, 1955</b> , to <b>Feb. 24, 1955</b> , that I last saw the deceased alive on <b>Feb. 24, 1955</b> , and that death occurred at <b>6:55 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B. I. Burns</b>				23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>2-25-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>2-28-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Newcomer's Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-26-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SPINE &amp; McBLURE UND. CO. K.C. MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 *F. S. Walton*

Licensed Embalmer No. *274*

P. O. Address *Ken*

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.