

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11877**

FILED MAY 16 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1744**

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 township) OR TOWN KANSAS City		c. LENGTH OF STAY (in this place) 45 yrs	c. CITY OR TOWN KANSAS City
d. FULL NAME OF HOSPITAL OR INSTITUTION 4231 Chestnut		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) G c. (Last) Dripps		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1955	

5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MARCH 31, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Pleasanton, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Andrew P. Grimes	13b. MOTHER'S MAIDEN NAME Mary C. Dennis	14. NAME OF HUSBAND OR WIFE John W. Dripps
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 ADDRESS Mrs. Jesse H. Johnson, 5522 Olive, K.C. Mo.

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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. NONE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Hemorrhage		10 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis		5 Years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, Senility; Hypostatic Pneumonia		331 X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cardiac Atrial Fibrillation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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, 1954**, to **19 April, 1955**, that I last saw the deceased alive on **April, 1955**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of) Wallace H. Graham, M.D.	23b. ADDRESS 518 Argyle Bldg. K.C., Mo	23c. DATE SIGNED 19 April '55
---	---	--------------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE April 21, 1955	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) GREENWOOD Missouri
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 4-20-55	REGISTRAR'S SIGNATURE Neve Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. New Comer's Sons BRUSH CREEK Blvd K.C. Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wallace H. Graham

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 *John B. Lewis*.....

Licensed Embalmer No.....

P. O. Address *1001*.....

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.