

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37112

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <b>Independence</b> )		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>Independence</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1224 S. Main St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>1224 S. Main St.</b>		(If rural, give location) <b>700 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MR. MARTIN</b> b. (Middle) <b>NEWTON</b> c. (Last) <b>GRINTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 21, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 16, 1881</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pet. Construction</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>P. H. Grinter</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Edna L. Grinter</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>521-28-4712</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John C. Grinter</b>		ADDRESS <b>Indep, Mo.</b>
--	--	--	--	---------------------------

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) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis chronic</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	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)	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 May, 1955, to Nov 21, 1955, that I last saw the deceased alive on Nov 18, 1955, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Hickerson</b>	(Degree or title) <b>m. d.</b>	23b. ADDRESS <b>1210 S main</b>	23c. DATE SIGNED <b>Nov 21-55</b>
---------------------------------------	--------------------------------	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 23, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Indep. Mo.</b>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>11-23-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUMERAL DIRECTOR'S SIGNATURE <b>Ott &amp; Mitchell</b>	ADDRESS <b>Indep. Mo.</b>
--	--	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

1955  
DEC 6

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 *Jason T. White*.....  
492

Licensed Embalmer No. ....

P. O. Address *Indefinite*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.