THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34372
STATE FILE NUMBER

FILED NOV 2 - 1956

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 492

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rest Haven — Length of stay in Hospital 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence, Mo — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 1504 W. Truman — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Grace Middle L Last Krahl

4. DATE OF DEATH Month Oct. Day 22 Year 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Dec. 3, 1868

9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House (wife)

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (City and state or country) Hingham - Mass

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Gardner

14. MOTHER'S MAIDEN NAME Jantha Eldredge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Kenneth Krahl — Address Indep. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive & arteriosclerotic cardiovascular disease — years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 44.3X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951, to 10/22/56 and last saw her alive on 10/21/56
Death occurred at 6:55 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE. (Degree or title) Vance E. Turk, M.D.

22b. ADDRESS 10901 Winner Rd Indep., Mo

22c. DATE SIGNED 10/22/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 24-56

23c. NAME OF CEMETERY OR CREMATORY Mound Grove

23d. LOCATION (City, town, or county) (State) Independence - Mo

24. FUNERAL DIRECTOR Roland R. Speaks — **ADDRESS** Indep. Mo

25. DATE RECD. BY LOCAL REG. 10-24-56

26. REGISTRAR'S SIGNATURE James S. [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Kenneth Patterso

Licensed Embalmer No. 46

P. O. Address Indep.

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