

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1288

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>44</u>		
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 township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>75 Years</b>		c. CITY OR TOWN <b>Kansas City</b>		d. 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 <b>4243 Charlotte</b>				STREET ADDRESS (If rural, give location) <b>2550 4243 Charlotte</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b>			b. (Middle)		c. (Last) <b>GRUENING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 3, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 24th, 1872</b>		9. AGE (In years last birthday) <b>84</b>	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) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Oskaloosa, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Robert Fischer</b>			13b. MOTHER'S MAIDEN NAME <b>Christine Schneider</b>		14. NAME OF HUSBAND OR WIFE <b>Otto E. Gruening</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Minnie Brown Bury, 4243 Charlotte, K.C. 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Sclerosis, Acute Coronary Occlusion</i> ANTECEDENT CAUSES (b) <i>General Arteriosclerosis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>Chronic Myocarditis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 <i>July 27, 1956</i> to <i>Dec 18, 1956</i> that I last saw the deceased alive on <i>Dec 18, 1956</i> and that death occurred at <i>1:45 A.M.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Edward C. Teubel</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4304 West 9th St. Kansas City, Mo.</b>		23c. DATE SIGNED <b>Jan 4/57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1 - 5 - 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-5-57</b>		REGISTRAR'S SIGNATURE <b>neva minshell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

4307  
Dec 1 - 4924  
130 R 5100

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 *Clayton Barnes*

Licensed Embalmer No. 479

P. O. Address K. E. M.

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.