

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1957

12447

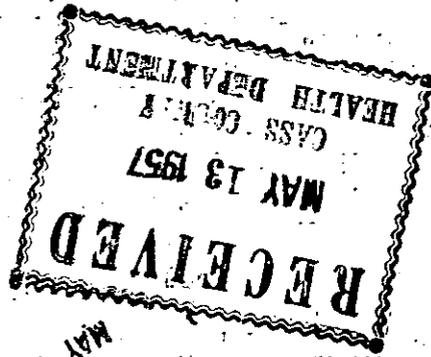
STATE FILE NUMBER

Registration District No. 59

Primary Registration District No. 4094

Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CASS									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Garden City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Garden City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at the home			Length of stay in 1b 2 yrs.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print): First Joel Middle Amos Last Grosshart				4. DATE OF DEATH Month 5 Day 3 Year 1957									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 5- 1880		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Month 7 Days 11		IF UNDER 24 HRS. Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Creighton, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A				
13. FATHER'S NAME George Grosshart						14. MOTHER'S MAIDEN NAME Margaret Lacey							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 493-30-1067		17. INFORMANT Address Garden City, Mo. Mrs. Georgia B. Kenagy							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIABESTIS MELITIS										INTERVAL BETWEEN ONSET AND DEATH 2 yrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DIABETES MELITIS- CEREBRAL HEMORRHAGE													
DUE TO (c) ARTERIAL HYPERTENSION OBESE										Unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour 3 P.M. Month SEP Day 3 Year 1949													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 SEPT 3 1949 to MAY 3 1957 and last saw her alive on 5/3/57 Death occurred at 3 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE David A. Shung (Degree or title) M.D.						22b. ADDRESS HARRISONVILLE, MO.			22c. DATE SIGNED 5/4/57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-5-57		23c. NAME OF CEMETERY OR CREMATORY Grant Cemetery				23d. LOCATION (City, town, or county) (State) Creighton, Mo.					
24. FUNERAL DIRECTOR ADDRESS Albion Dickey - Garden City, Mo.					25. DATE RECD. BY LOCAL REG. May 5 1957			26. REGISTRAR'S SIGNATURE Dora Barward					



MAY 22 1957

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 *Bill J. Hickey*

Licensed Embalmer No. *468*

P. O. Address *London Ct*

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.