

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40356
State File No. 40356
Registrar's No. 5169

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Shenandoah City, Mo</u>	c. LENGTH OF STAY (in this place) <u>10/18/57</u>	c. CITY OR TOWN <u>Lee Summit</u>	d. Is 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 <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>104 1/2 E. End St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Grosshielder</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>Dec 9 - 1901</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TARSEY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>			

13a. FATHER'S NAME <u>Joseph Bosney</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA B Tunget</u>	14. NAME OF HUSBAND OR WIFE <u>Chester G</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OF NAME <u>Ways Records, N.C. Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Congestive heart failure, Chronic</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure, Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal or tubular</u>		<u>4 yrs</u>
	DUE TO (c) <u>Rheumatic Heart Disease</u>		<u>7 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4/16/57</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 10-18, 1957, to 11-4, 1957, that I last saw the deceased - alive on 1-2, 1957, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold V. Truax MD.</u>	23b. ADDRESS <u>8635 Wyandotte City, Mo.</u>	23c. DATE SIGNED <u>11-4-57</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>
DATE REC'D BY LOCAL REG. <u>11-5-57</u>	REGISTRAR'S SIGNATURE <u>neva Marshall</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Grove Missouri</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Mortuary - Blue Springs Mo.</u>		ADDRESS <u>via Sidmond</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
ATTOLD V. ARMS

NOV-25 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..... *John R. Sidman*
Licensed Embalmer No. *4531*
P. O. Address *Kansas City*

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.