FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005533
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 793

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. — Length of stay in ~~4 years~~ 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Jackson~~ Clay
c. CITY OR TOWN North Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 600 E. 31st St. NKC — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MRS. Middle GRACE Last GRAHAM

4. DATE OF DEATH Month Feb. Day 13, Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [X]

8. DATE OF BIRTH April 19, 1905

9. AGE (In years on last birthday) 52 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Christopher Trotel

13b. MOTHER'S MAIDEN NAME Fannie Swift

14. NAME OF HUSBAND OR WIFE —

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 Mr. Fred Wyrick — Address 600 E. 31st St. NKC, 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) acute Cardiac dilatation - Ventricular arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: 5 to 6 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) incarceration of chronic biliary fistula — 1 year
DUE TO (c) Surgery for biliary obstruction due carcinoma bile duct — 2 1/2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Healed rheumatic mitral endocarditis 1551

19. WAS AUTOPSY PERFORMED? YES [X] 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 June 1, 1955, to February 13, 1958 and last saw her/him alive on February 13, 1958
Death occurred at 6:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Comer Bates, M.D.

22b. ADDRESS 329 Armour Road North Kansas City 16, Mo.

22c. DATE SIGNED 2/14/58

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

23b. DATE Feb. 14, 1958

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Tarkio, Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure Und. Co., K.C., Missouri

25. DATE RECD. BY LOCAL REG. 2-14-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

G. Comer Bates

D. KC, Mo.

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 William M. Turner

Licensed Embalmer No. 4648

P.O. Address Kansas City, Mo

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.