

S. Health,
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S. Public
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social, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018211

STATE FILE NUMBER
2245

FILED MAY 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2245

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas 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 Gen'l Hosp. #1		Length of stay in lb 17 YEARS	d. STREET ADDRESS (If outside, give location) 4200 Montgall Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hattie Middle MARIE Last Grame			4. DATE OF DEATH Month 5 Day 1 Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 26 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) CENTRAL CITY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME REV. CONRAD BECHTOLD		13b. MOTHER'S MAIDEN NAME THERESA PALIS	14. NAME OF HUSBAND OR WIFE WILLIAM D. GRAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. WRIGHT THOMAS Address 4237 CYPRESS AVENUE KANSAS CITY, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 491XF
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of right hip			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fall		
20c. TIME OF INJURY Hour a.m. _____ p.m. 4-24-58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY STATE Jackson, Missouri
21. I attended the deceased from April 24, 1958 to May 1, 1958 and last saw her alive on May 1, 1958 Death occurred at 4:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. I. Burns, M.D.</i> (Degree or title)		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 5-1-58
23a. BURIAL, CREMATION, OR OTHER DISPOSITION BURIAL	23b. DATE MAY 3 1958	23c. NAME OF CEMETERY OR CREMATORY SHAWNEE CENTER CEMETERY	23d. LOCATION (City, town, or county) (State) WAKARUSA KANSAS
24. FUNERAL DIRECTOR DIN. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 5-3-58	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>

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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 *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K.C. 10*

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.