

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018217

STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 148 Primary Registration District No. 1002 Registrar's No. 2467

5. 300  
1-57

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|  |                                  |   |  |   |   |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b> Armour Home<br/>8100 Wornall</b>   |                                  | Length of stay in lb<br><b>57 years</b>   | d. STREET ADDRESS (If outside, give location)<br><b>8100 Wornall</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Miss Cora Grievess</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>May 13, 1958</b>  |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 19, 1868</b>   |   | 9. AGE (In years last birthday)<br><b>89</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Breckenridge, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>William Lawrence Grievess</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah McCaslan</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>--</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT<br>Address<br><b>Elizabeth R. Schrerber - 8100 Wornall</b>                          |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <b>Arteriosclerosis, generalized</b> |                                  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                   |                                  |   |  | <b>4500</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                    |                                  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                                  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 Death occurred at <b>8 Jan 8 AM</b>   |                                  | to <b>1956-5-13-58</b>  |  | and last saw her alive on <b>5/13/58</b>  |   |
| 22a. SIGNATURE<br><b>W. J. Stelmach</b> (Degree or title)  |                                  | 22b. ADDRESS<br><b>7951 State line</b>  |  | 22c. DATE SIGNED<br><b>5/14/58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>May 16, 1958</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>                               |   |
| 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b>  |                                  | 23e. (State)  |  |   |   |
| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure Und. Co., K.C., Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>5-15-58</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. J. Stelmach



181-5-18

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.